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ABSTRACT

Naturalistic observation procedures were employed to study the assessment and decision making events that occurred in the cases of seven students from the time of referral for special education assessment to the time when an educational program was implemented or a decision made not to provide service. Details are presented of the sequence, parental involvement, testing activities, outcomes and other aspects of the process. Similarities and differences across settings are examined. Implications for the decision making model, eligibility criteria, time spent in the assessment process, assessment instruments, team functioning, student benefits, teacher benefits, and parental reactions are considered. (Author/CL)

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THE SPECIAL EDUCATION ASSESSMENT AND DECISION-MAKING
PROCESS: SEVEN CASE STUDIES

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Editors

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September 1980

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Abstract

Naturalistic observation procedures were employed to study the assessment and decision-making events that occurred in the cases of seven students from the time of referral for special education assessment to the time when an educational program was implemented or a decision was made not to provide service. Details are presented of the sequence, parental involvement, testing activities, outcomes, and other aspects of the process. Similarities and differences across settings are examined; implications for educational decision making are discussed.

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CHAPTER 1

Introduction

Martha L. Thurlow and James E. Ysseldyke

2 Research efforts of the Institute for Research on Learning Disabilities at the University of Minnesota focus on the complex set of theoretical, conceptual, practical, and empirical issues in the identification and assessment of the heterogeneous group of students labeled as learning disabled. This research report presents the results of a naturalistic investigation of the assessment and decision-making process for individual students in elementary schools. The basic objective of the research was to describe the decision-making process as it occurs over time from initial referral through classification, placement, instructional planning, and evaluation.

Background

Recently, researchers have attempted to study the assessment and decision-making process that has been mandated by federal legislation. Unfortunately, the process has been studied in bits and pieces, with the major focus being on either the devices and procedures used in assessment or the procedures of the teams who make the decisions.

Several studies on the devices and procedures used in assessment (cf. Mardell-Czudnowski, 1980; Thurlow & Greener, 1980; Thurlow & Ysseldyke, 1979, 1980; Ysseldyke, Algozzine, Regan, Potter, Richey, & Thurlow, 1980; Ysseldyke, Regan, & Schwartz, 1980) indicated that large numbers of tests are used to make decisions about students. While some tests are used with greater frequency than others, there does not exist a set

of devices or procedures that are used consistently across settings. Further, the tests used are not varied as a function of the decision to be made.

Most investigations of the team decision-making process have employed self-report methodologies, sometimes accompanied by observation (cf. Applied Management Sciences, 1979; Fenton, Yoshida, Maxwell, & Kaufman, 1979; Goldstein, Strickland, Turnbull, & Curry, 1980; Hoff, Fenton, Yoshida, & Kaufman, 1978; Holland, 1980; Yoshida, Fenton, Maxwell, & Kaufman, 1978a, 1978b). A recent investigation by Minnesota's Institute for Research on Learning Disabilities (Ysseldyke, Algozzine, & Thurlow, 1980) employed teams of researchers who used specific observational systems to answer questions about the effectiveness of the team process (Mitchell, 1980), the domains of data discussed (Rostollan, 1980), the assessment data discussed (Shinn, 1980), the extent to which team decisions were data based (Richey & Graden, 1980), the participation of regular educators (Allen, 1980), and the generation of intervention statements (Poland & Mitchell, 1980). Overall, the results of this and the other investigations of the special education team decision-making process have suggested that the process is still in a developmental state. The multidisciplinary aspect of the process exists in a physical sense (various disciplines are in attendance) more than in a working sense (certain individuals participate more and seem to determine the outcome of the meetings). Parents generally are involved only minimally. Criteria do not seem to exist to guide the decision making. Sometimes the decision seems to be made before the actual team meeting, with the meeting serving as a way to "rubber stamp" the previously reached

decision (cf. Patton, 1976).

A recent attempt to look at the assessment and decision-making process in its entirety used a self report methodology (Poland, Ysseldyke, Thurlow, & Mirkin, 1979). Directors of special education from across the nation were asked to list the major steps followed in their districts in the assessment and decision-making process, excluding only that step involving the periodic re-evaluation of placements or instructional programs. In this investigation, special education directors were selected as subjects because they were considered to be the best informed regarding the legal and practical issues of assessment and decision making. (Fenton et al., 1979, had determined that the administrators on placement teams had the highest awareness of the responsibilities of the team.) Poland et al. (1979) found that the directors' descriptions of the sequence varied greatly. The most frequently mentioned activities by the 97 directors were referral, assessment, IEP development, and program implementation. Few directors described pre-referral intervention attempts; few noted that strategies were developed to implement an IEP. Less than 25% of the directors reported that parents were contacted after the assessment of the students; only slightly more than 25% (27.8%) noted that parent permission for a placement was obtained. While some directors clearly differentiated the eligibility determination from the placement decision, others did not. Poland et al. (1979) concluded that further research was needed to clarify the events that occur from initial placement to program implementation. Further, data are needed to separate what actually occurs from special education directors' perceptions of current practice. The fact that the directors

mentioned some steps infrequently does not necessarily mean that they did not occur, but rather may have only signified that they were not prominent in the thoughts of the directors. A longitudinal study designed to follow the sequence of decision-making activities as they relate to individual children would provide a wealth of information on the process in our schools today. Longitudinal data provide important information that cannot be obtained in any other way. The generalizability of such data can be increased by following more than one child over time.

Model of the Assessment and Decision-Making Sequence

In the analysis of special education directors' descriptions of the assessment and decision-making process in U.S. school districts, Poland et al. (1979) employed a 13-step model of the process to code the directors' responses. This model was based on a survey of the literature on team decision making and the development of the IEP (Gillespie, 1978; Hoff et al., 1978; H. Walker, 1978; J. Walker 1976). It proved to be a valuable tool for organizing the diverse descriptions provided by the directors.

However, as noted by Poland et al. (1979), a final step in the sequence, the evaluation of the student's progress, was specifically excluded from their analysis. In addition, the model ignored the possibility for pre-referral interventions, a step which Ysseldyke and Regan (1980) have argued has an important place in the assessment and decision-making process, and which Poland et al. (1979) noted was mentioned by very few directors of special education. Therefore, for purposes of post-hoc analysis of longitudinal data on the assessment and

decision-making process, an expanded 15-step model seems most appropriate. This model is presented in Table 1-1.

Insert Table 1-1 about here

This model was not used to guide the collection of data. It was used in a post-hoc fashion to provide a common basis for comparing the events that occurred across several settings.

General Methodology

Subject selection. Subjects were selected from five elementary schools that had agreed to participate in the research. The principal of each school was contacted by an Institute staff member and given the name(s) of the researcher(s) who would be observing the decision-making process in his or her school during the year.

Several criteria were used to determine which students could be included in the study. All subjects were to be students who were referred for eligibility and placement evaluations, and who were likely to be involved in the entire decision-making process of their school. (The likelihood of the student being involved in the entire decision-making process was determined by interviews with school personnel and the nature of the student's referral problem. For example, students referred only for IQ testing were not included as subjects.) Students who were clearly mentally retarded or sensorially impaired were not included as subjects.

In some schools, the researchers were invited to the initial meetings where school personnel decided whether a student would be referred; these researchers participated in selection of a subject

for the study. In other schools, the principal or other school personnel decided which students would be followed by the researchers and indicated to them when the meetings about those students would be held. Seven students were selected for the longitudinal study, and parental permission was obtained for each student's participation.

Procedure. Researchers obtained data by (a) observing meetings at which the target student was discussed, (b) reviewing reports or other written documents about the student, and (c) interviewing key school personnel and the student's parent(s). Written notes on their observations and interviews were maintained by the researchers; these were then used to develop the reports on the seven students who were followed. The reports were written to provide a description of the events that occurred in each case. The model of the decision-making (see Table 1-1) was then applied to the events and the results inserted within the description.

CHAPTER 2

Decision Making in a Suburban School: An Example of a School-Recommended Procedure

Lisa Lowry and Janet Graden

Background Information

School District

The school district is a small, predominantly white, middle-class community in suburban Minneapolis. Approximately 8,500 students are enrolled in the district, which employs 1.8 school psychologists and offers special education services from Level I through Level IV.

School

The elementary school is one of six in the district and has an enrollment of 608 students. The school has a staff of 30 teachers, including two full-time SLBP teachers, one speech clinician (who spends .6 time at the school), a full-time counselor, and a physical education teacher (who provides adaptive physical education services). Approximately 50 students in the school receive special education services that include both indirect and direct service.

Typical Decision-Making Process

Sequence. Figure 2-1 is a flowchart that portrays the typical decision-making process in the school district and the target elementary school. In the school, students to be considered for assessment and/or intervention are referred to a weekly staffing team, the Child Study Committee. The team operates from a printed agenda and discusses new referrals and action to be taken on the referrals, prioritizes referrals for the upcoming week (when necessary because of backlogged cases),

and briefly reviews the status of previously referred students (e.g., whether parent permission has been obtained, whether the child has been tested). Other administrative and miscellaneous tasks also are included in each meeting's agenda.

Insert Figure 2-1 about here

A student is referred to the Child Study Committee through the completion of Form 1 (see Appendix A), which is given to the principal or Child Study Chairperson. The case is then scheduled on the agenda, and the person making the referral attends the meeting. Although referrals most frequently are initiated by the classroom teacher, referrals also are accepted from other professionals and from parents. (Parents do not attend the weekly staffing, but may be involved in later meetings.)

Several actions on each case may be discussed at the staffing; these actions might include non-special education interventions, such as counseling or tutoring, as well as special education interventions, such as provision of speech and language services, and assessment for possible services. When a child is referred for evaluation, a case manager is appointed. The case manager is responsible for contacting the parents, completing necessary forms, and generally being aware of the status of the case as it progresses. The person appointed as case manager usually is the professional who has most contact with the child and/or the family, or who is expected to be involved with the child in the future. Typically, the child's classroom teacher, the speech therapist, the counselor, or an SLBP teacher is appointed as case manager.

Form 2 (see Appendix A), Parent Notification of Educational Assessment,

is completed by the case manager when the child is referred for evaluation. This form is mailed to parents; contact by phone or in person may follow if it is felt appropriate or if the parents do not respond.

When parental permission for the educational assessment is obtained, the evaluation is conducted, usually by the school psychologist, SLBP teachers, and sometimes the speech clinician (when evaluation of speech and language is indicated). Then a Compilation Conference is held to discuss the assessment data, intervention alternatives, and the student's eligibility for various special education services. This meeting is separate from and attended by fewer people than the weekly staffing meeting. The parents do not attend the Compilation Conference, but are requested by mail (followed by personal contact, if deemed appropriate or necessary) to attend a second meeting.

At the meeting the parents attend (and this meeting is not held if parents do not attend), the evaluation results are presented and interventions are discussed and recommended. Form 2A (see Appendix A), which summarizes the discussion and recommendations of this meeting, is completed. If the child is recommended for special education services, an attempt is made to obtain parental permission at this meeting for such services. If the parents agree to the special education services, an Individual Education Plan is completed at this time and Forms 3 and 3A (see Appendix A) are completed and signed. At the meeting's conclusion, the parents are informed of follow-up meetings (e.g., the annual case review).

Throughout the process, parents are informed of their rights (see Document 1 in Appendix A). Two other forms are used to verify that all essential steps are followed in the decision-making process: Form 4,

an evaluation of the placement process, and a Due Process Checklist (see Appendix A).

Decision-making teams. The weekly meeting of the Child Study Committee is always attended by the principal, SLBP teachers, the counselor, the speech clinician, the reading resource teacher, the school nurse, and the physical education teacher. The school psychologist attends every other week. Other individuals are included when appropriate, including the music teacher, and classroom teachers who referred a child or who have information about a child to be discussed at the meeting.

The assessment team, as noted previously, generally includes the school psychologist, SLBP teachers, and occasionally the speech clinician.

The Compilation Conference usually is attended by the school psychologist, SLBP teachers, the classroom teacher, and any other professionals involved in the case.

Eligibility criteria for LD services. Although not explicitly stated, the school criterion for learning disabilities appeared to be a severe discrepancy between intelligence and achievement. In the Compilation Conference, the team carefully checks assessment results for evidence of a discrepancy between intelligence test results and achievement test results. Team members look for achievement levels that are significantly below expected grade level based on grade placement and intelligence test scores.

Methodology

Subject

Tony is a first grade student who was referred in December, evaluated

in February and March, and considered for placement in learning disabilities services in March. He was referred by his first grade teacher because of her concerns about his low achievement and his home situation and family background. The reason for referral written on Form 1 was "to help determine if Tony is working up to ability."

Procedure

Two researchers followed Tony's case by attending Child Study Team meetings at which his case was discussed, attending later meetings (the Compilation Conference and the parent meeting), and meeting individually and/or having phone conversations with persons involved in the case, including the principal, the SLBP teachers, and the classroom teacher. In addition to the informal discussions with persons relevant to the case, a structured interview with Tony's mother was conducted to survey her perceptions of the decision-making process. In following Tony's case, eight meetings were attended and numerous phone contacts were made by the researchers.

Findings

Assessment and Decision-Making Process

Figure 2-2 portrays the general sequence of activities in Tony's case. This sequence is consistent with the recommended procedure for the school and school district (see Figure 2-1). The relationship of the activities to the model sequence (see Chapter 1) is summarized in Table 2-1.

 Insert Figure 2-2 and Table 2-1 About here

Referral. Tony was referred by his first-grade teacher for evaluation of "ability, learning, and achievement style, and language, if indicated." In the Child Study Committee meeting, the teacher expressed a concern for Tony's skills in reading and math. She said he was having difficulty learning to read, was unorganized, made reversals and did not print within the lines, but had good social skills and seemed brighter than his work indicated. The teacher also expressed concern for Tony's home situation and background. Tony had attended three schools prior to entering first grade in this elementary school, and his mother had been married four times. The counselor suggested the presence of home problems. After further investigation, it was revealed that the father was experiencing problems with alcohol, the parents were separating, and Tony's older siblings were having drug problems. At the end of the discussion of Tony's case, when the teacher was asked what information she wanted in an evaluation, she replied that she wanted an IQ test so that she could know what to expect of him. Form 2 was completed to request evaluation of "ability, learning, and achievement style, and language, if indicated." The team had discussed the case for approximately 30 minutes, including Tony's family background, academic problems, and behavior in the classroom.

It was noted by the researchers that the stated reasons for referral addressed the teacher's concern for Tony's achievement difficulties, but did not address the issue of emotional difficulties related to his home situation, and background of frequent school changes. The reasons for referral as well as the teacher's description of Tony were more global than specific (e.g., a statement of "reading difficulties"

rather than stating "he has difficulty with short vowel sounds"). In addition, the teacher did not discuss any interventions she had attempted prior to referral, although "Bucket Brigade," an individual tutoring service, was later mentioned as having been started in the fall.

Group counseling with the school counselor was initiated shortly after the referral. Approximately two months after the initial Child Study Conference, Tony's mother came to school to talk with the counselor. She indicated that she felt Tony had shown signs of withdrawal at home and that she was worried about his behavior. They discussed problems present in the home that might be contributing to Tony's behavior and learning difficulties. This occurred before the parent meeting at which the school presented their assessment findings. Tony's mother maintained contact with the counselor by phone because of continued family problems.

Assessment. Following the Child Study Committee meeting, Form 2, entitled "Parent Notification of Educational Assessment" (see Appendix A), was mailed to Tony's parents. Areas of assessment noted on Form 2 included "ability, learning, and achievement style, and language, if indicated." Tony's mother agreed to the assessment, signed the form, and returned it to the school.

The personnel who assessed Tony included five members of the Child Study Committee. The devices used and the persons administering them are listed in Table 2-1. Tony was evaluated by the school psychologist, who administered the Stanford-Binet Intelligence Scale, the Wide Range Achievement Test, and the Bender Visual-Motor Gestalt Test. This assessment took approximately one and one-half hours.

Insert Table 2-1 about here

Two SLBP teachers administered the Slingerland to Tony's first grade class over a three-day period. This took approximately one and one-half hours. Group administration of this test was selected by the SLBP teachers because Tony's teacher had referred several of her students to the Child Study Committee for similar reasons. In addition, one of the SLBP teachers administered the Detroit Test of Learning Aptitude to Tony; this required one and one-half hours. The Peabody Individual Achievement Test also was administered, taking approximately 45 minutes. This SLBP teacher further evaluated Tony through informal assessment (i.e., work samples) and administered the Developmental Test of Visual-Motor Integration. These latter two assessments totaled 30 minutes. The other SLBP teacher interviewed the classroom teacher, observed Tony in class, and briefly talked with the volunteer who tutored Tony. These contacts entailed 20 minutes. Additionally, she administered the Developmental Test of Visual Perception and the Boehm Test of Basic Concepts to a small group of first graders that included Tony. These two assessments each lasted one-half hour.

The speech and language clinician talked to Tony's teacher briefly about his voice quality and also talked with Tony for five minutes; it was felt that no further assessment in this area was necessary. The counselor talked with Tony for half an hour and allowed him to sit in on a small group session for an additional 30 minutes.

Of the five individuals who assessed Tony, four had been present at the first meeting (the weekly Child Study Committee meeting) when Tony's referral was discussed initially. The school psychologist was not present.

Additional meetings. At the Compilation Conference, attended by the two SLBP teachers, the classroom teacher, the counselor, and the school psychologist, test results were discussed and placements in learning disabilities and emotionally handicapped programs were reviewed as possibilities. The team members looked for a discrepancy between ability and achievement when considering a learning disabilities placement; when Tony did not appear to qualify, they considered his eligibility for emotionally handicapped (EH) services. The team reviewed the specific criterion for EH and considered each item on a behavior checklist for EH. They determined that Tony's problems were not severe enough to warrant EH placement. The team members then recommended continuation of counseling and Bucket Brigade tutoring, and proposed that there be close monitoring of the case with re-evaluation in the fall. This meeting lasted approximately 45 minutes.

The parent meeting was then held to inform Tony's mother of the assessment results. (Tony's father and stepfather were not present.) The participants in this meeting included the classroom teacher, one of the two SLBP teachers, the counselor and Tony's mother. (The SLBP teachers were the only individuals who had been directly involved in Tony's assessment.) The meeting lasted 45 minutes. The SLBP teacher discussed the assessment process and results. The mother was given general descriptions, not specific scores. Periodically, the SLBP teacher showed examples of Tony's test performance and errors he made frequently. She also explained that despite some difficulties as evidenced by test results, Tony did not qualify for learning disabilities services. She recommended that tutoring services be increased.

The counselor added that they were concerned about his emotional development and problems at home. The mother shared similar concerns. The counselor recommended group counseling and added that Tony had sat in on a group the previous week and seemed to enjoy it. The mother agreed that this probably would be helpful. In addition, the counselor recommended individual counseling when necessary. Both the SLBP teacher and counselor recommended that Tony be retested in the fall.

The SLBP teacher showed the mother Form 2A entitled "Original Assessment Compilation" (see Appendix A). The meeting participants jointly decided on Tony's strengths and areas of need and wrote brief descriptions on the form. Then everyone present signed the form. The mother was told that assessment reports would be attached to the form and sent to her.

In both the Compilation and parent feedback meetings, it was recommended that Tony be reassessed in the fall. Although some team members felt Tony was a probable future candidate for special education services, they were uncertain as to what services he might qualify for at that time. The members believed that Tony's progress should be monitored and that future assessment might clear up some of the problems on qualification for services. Because Tony demonstrated both learning and behavior problems in class, as reported by the teacher and as indicated by some test results, tutoring and support group programs (which are not special education services) were implemented.

In addition to reassessment, the small support group, and work with an adult tutor, plans were made for Tony to participate next year in an ALA-TOT group (for children with alcoholic family members) that met in the school.

Interventions

Two interventions for Tony were implemented by the end of the school year. During the fall, before assessment, Tony started to work with an adult tutor on academic subjects; they met two times a week for 30 minutes. As a result of the assessment process, this time was increased to 30 minutes four times a week. Tony also became a member of a small support group led by the counselor. The group met weekly for 30 minutes. The counselor is the only assessment team member who continued to work with Tony.

Tony's classroom teacher remained responsible for day-to-day programming because Tony did not qualify for SLBP services. The teacher coordinated classroom work with the volunteer tutor so that Tony worked on weak academic areas as evidenced in class. The case manager, one of the SLBP teachers, periodically discussed Tony's progress with the classroom teacher, tutor, and counselor.

Parental Reactions

Following the parent feedback meeting, Tony's mother was interviewed by one of the researchers. In general, her reaction to the process was very favorable. She stated that she was impressed with the process and felt the staff was concerned about Tony's success in school. She also believed the decisions regarding Tony were appropriate. Although she stated she was "at a loss with testing" results, she indicated that she trusted school officials and felt they must know what they were doing. Tony's mother had only a vague idea of the recommendations discussed in the meeting she attended. She also mentioned other terms (such as he is not mentally retarded) and recommendations that were not presented in the meeting. Tony's mother stated she initially thought the meeting was

the regularly scheduled spring teacher conference, but when she came to the meeting and saw other personnel she realized it was not a teacher conference. It was the interviewer's impression that the mother did not fully understand the meeting and its outcomes.

Discussion

The assessment and decision-making process for Tony was consistent with the outlined procedures for the school district and school. There were no deviations from normal procedure. Tony was referred to the Child Study Committee by his first grade teacher. The Child Study Team recommended an evaluation. The evaluation was completed, then a compilation meeting was held which recommended no LD services, but continuation of tutoring, and continuation of counseling. The mother was involved in the process.

The process in Tony's case also was quite consistent with the model sequence outlined in Chapter 1. Eight separate activities occurred, beginning with the referral and ending with both the parent meeting and the provision of tutoring and counseling help. Eligibility and placement decisions were made simultaneously, along with the review of assessment results. Given that Tony was declared ineligible for services (which precluded the development of an IEP and strategies to implement it), all model steps were included except pre-referral interventions. In addition, specific interventions (non-special education) were implemented for Tony despite the fact that he was ineligible for special education services.

Three meetings were held to determine that Tony was ineligible for special education services at this time and to report the findings to

the mother. Despite the decision that Tony would not receive special education services, he did seem to benefit from the process. He was provided with tutor help for his academic difficulties and with group support for his emotional difficulties. His progress will be monitored more closely than would typically be the case and he will be re-evaluated in the fall.

CHAPTER 3

Decision Making in an Urban School: Two Examples
Reflecting Degrees of Complexity in the Process

Jean Mitchell and Stephen Poland

Background InformationSchool District

The school district is a large urban school district in Minnesota. Approximately 20,000 elementary-aged students are enrolled in the district with 26.4% characterized as minority group students. The district provides special education program services in all disability areas. The largest category served is children with Special Learning and Behavior Problems (SLBP); approximately 30 different SLBP services and programs are available in the district.

School

The elementary school is one of 55 in the school district. The school's attendance area is on the "urban fringe," in a transition zone to the suburbs. Families of students are predominantly middle class; few are non-white. The school staff is unusually stable; all but one member of the special education team has worked in the school for at least five years.

In addition to administrators and regular education teachers, the school staff includes a school social worker, one full time and one part-time tutor for children with learning or behavior problems, and a part-time speech and language specialist. The special education services available in the home school include educational assessment, speech and language therapy, and direct or indirect work with children with learning

or behavior problems. Other special education services required by students in the school (e.g., an intensive diagnostic teaching setting; full-day programs for children with learning disabilities, emotional problems, physical or sensory impairment, and developmental delay) are available at the district level.

Typical Decision-Making Process

Sequence. Figure 3-1 summarizes the typical assessment and decision-making process at the school and district levels. As portrayed in the figure, special education referrals in this district are initiated by the classroom teacher, usually after a discussion with the parents. The special education team at the local school handles most referrals. However, there are procedures for calling on district resources when those in the building are insufficient. In addition, there are numerous points in the formal procedures at which parents may contribute to the planning or bring it to a halt by denying permission for further individualized work with their child.

 Insert Figure 3-1 about here

Each teacher decides when classroom intervention strategies are insufficient and a referral is necessary. There is no evaluation made of teachers' attempts at classroom modification or the criteria they use in deciding to refer the child. The teacher completes a "Student Referral Form" (see Appendix B), which includes nine areas of possible concern: Intellectual, Academic, Communication Skills, Physical, Perceptual, Social/Emotional, Adaptive Behavioral, Vocational, and Other. This form is sent to the school social worker, who takes the referral to a regular

meeting of the permanent special education team. The team may decide that assessment is necessary, or they may end the referral at this point. If assessment is needed, the areas to be tested and the staff member to conduct the assessment are assigned.

Parents are notified by phone and mail of the planned assessment, its scope, and purpose (see Appendix B, Letter #1). Written parental approval of the assessment is requested. Parents may terminate the referral at this point by indicating that they do not give permission for assessment. During the study reported here, schools were permitted to assume parent approval and begin the assessment process if they had received no written response within 10 school days. (Recent state law requires written parent permission prior to assessment.) After receiving parent permission, assessment must be completed within 30 school days of the team decision to assess.

Once the assessment is conducted, a school staff member contacts the parents to review the results of the assessment. The school also notifies parents by mail of the scheduled time for the Educational Planning Conference (see Appendix B, Letter #2).

Several decisions are made at the Educational Planning Conference: (a) the student's educational needs are defined, (b) the student's eligibility for special education services is decided, and (c) the types of services that will be provided are selected. The team may decide that no special education services are needed, that the building has the resources to provide services, or that more intensive, district-level services are required. In case of the latter, a new referral is submitted to the district level special education team and a process similar to the

one within the individual school is initiated. When the home school plans to provide the services, an Individual Educational Plan (IEP) is prepared. The IEP includes the details of the decisions reached at the conference, and a copy of it is mailed to the family for signed approval. The program begins when parent approval is given.

Within six weeks of placement, the staff members responsible for implementing the program develop an Individual Instructional Plan (IIP) and contact the parents to explain it to them. The IIP specifies long-range goals, specific objectives to accomplish these goals, definitions of success, target dates, and the names of staff members responsible for implementing each goal.

Once a student has been placed in a learning disabilities program, the program must be reviewed by the team twice each year, with formal reassessment at two-year intervals. At the appropriate time, Termination of Services Procedures (see Appendix B) are initiated.

Decision-making team. The school's permanent special education team consists of the School Social Worker (SSW), the two Special Learning and Behavior Problem (SLBP) resource teachers, and the speech and language specialist. Special education decision-making meetings may also include parents, the classroom teacher, principal, school nurse, school psychologist, and representatives of other agencies. The SSW acts as team coordinator. She arranges and chairs team meetings and, with the help of a part-time clerk, is responsible for assuring that district due process requirements are met for all referrals.

Eligibility criteria for LD services. In order to obtain LD services for a student in this district, the team must sign a "Learning Disabilities Eligibility Written Report" (see Appendix B) stating that: (a) "a severe discrepancy exists between ability and achievement"; (b) "there is a severe discrepancy between achievement and ability in the following areas: [oral expression, listening comprehension, written expression, etc.]" and (c) the discrepancy is not the result of other known handicapping conditions or of environmental, cultural, or economic disadvantages.

Methodology

Subjects

Two students were selected from a group of referrals received by the SSW after fall parent-teacher conferences. The first child, Susie, was referred by her third grade teacher for a combination of academic and social problems. The teacher wrote on the referral:

difficulty attacking new learning situations such as math; "blocks" when attempts work....academic problems sounding out words....poor fine motor coordination, handwriting, can't admit being wrong, picks on other(s)....not well-liked by peers, pouts when corrected....short interest span....seeks excessive teacher attention.

The second child, "Bert," was known to the social worker as a child with more serious behavior problems than Susie. The school staff had heard about him while he was still enrolled in a private kindergarten. The referral form submitted to the special education team by the teacher contained the following observations:

slower rate needed to absorb concepts; short attention span; difficulty staying on topics in discussion....below average in all [academic] areas -- related to physical/emotional problems....not fluent, needs time to express self....falls down when walking, often falls off chair....printing and hand-work is great effort....bothers others; doesn't seem to under-

stand appropriate behavior. Likeable and loving. Good manners....hard time finishing most tasks; never challenges or refuses what teacher requests.

Procedure

The data reported in this study were gathered over a six-month period by two researchers; data were collected during a number of school visits, a home visit, and numerous telephone contacts. The primary informant was the school social worker. Interviews also were conducted with the two learning disabilities tutors, the speech and language specialist, and the parents and classroom teachers of both students. Standard interview questions (see Appendix B) provided the scope and direction for these interviews, but respondents were encouraged to discuss their personal perceptions in an open-ended manner. The observers attended one Educational Planning Conference for Susie and two for Bert. Narrative notes of the proceedings were used in combination with the interviews to prepare this report.

Findings: Susie

Assessment and Decision-Making Process

Figure 3-2 depicts the general sequence of the assessment and decision-making process in Susie's case. The relationship of the activities to the model sequence (see Chapter 1) is summarized in Table 3-1.

Insert Figure 3-2 and Table 3-1 about here

Quite early in the school year, Susie came to the attention of the SSW as the result of a recurring social conflict with another girl in

her third grade class. The SSW observed informally in the classroom and met both girls to discuss ways they could get along better. The classroom teacher informed both girls' parents of the problem they were having.

Referral. Susie's third grade teacher identified the child's academic and behavior problems and initiated the referral. There actually were two separate referrals: the first, to the SSW for the behavior problem, focused on conflict with a classmate; the second, to the special education team, concerned the academic problem.

A parent-teacher meeting was held in November. By this time the teacher had decided to refer Susie to the special education team and informed Susie's parents of the decision. It is possible that the teacher's decision to refer was influenced by her previous conversations with the SSW, who had been observing and talking to Susie occasionally. The SSW stated that referral decisions are often made by the classroom teacher after discussion with a member of the special education team.

The referral to the building special education team was reviewed at its next meeting (November 30). Although the team felt that Susie's problems were relatively mild, it agreed to the request for assessment nonetheless. The SLBP teacher was assigned to administer achievement tests and the speech clinician to conduct visual-motor testing.

From the information available to the researchers, it did not appear that Susie's level of achievement relative to her grade placement was any more discrepant in the third grade than it had been in second. (Her PIAT reading scores were in the third to fourth grade range, her math on the second grade level.) Yet, her third grade teacher

decided to refer while the second grade teacher had not. This suggests that other factors, possibly classroom achievement norms in the particular school, behaviors that appeared to be inconsistent with learning, or the availability of the SLBP resource room, may have influenced the referral decision.

The fact that Susie had been referred to the SSW for observation and brief counseling suggests that her social behavior was disturbing to the teacher at an earlier point than her academic performance. The teacher's special education referral seemed to stress the social, attentional, and attitudinal aspects of her learning problems ("difficulty attacking new learning situations," "blocks," "not well-liked," "short interest span," "seeks much attention") as opposed to limited academic concerns ("can't sound out the words," "poor fine motor control - handwriting").

The classroom teacher was not specific about interventions or classroom modifications tried prior to referral, although she stated that she attempted to increase Susie's independence and improve her social relationships with classmates.

Assessment. Parental permission for assessment was obtained after the meeting of the special education team. The formal assessment was conducted by one of the SLBP tutors and the speech clinician. The devices used and the persons administering them are included in Table 3-2. The speech clinician administered the Illinois Test of Psycholinguistic Abilities (ITPA) and the Berry-Buktenica Test of Visual-Motor Integration (V/MT), spending about 3 1/2 hours altogether in assessment and meetings. The SLBP tutor administered a reading screening test, the Peabody Individual

Achievement Test (PIAT), and Key Math, spending about 5 1/2 hours altogether on meetings and assessment. The SSW had spent about 2 1/2 hours in meetings and contacts with Susie and her parents over the four months preceding the Educational Planning Conference.

Insert Table 3-2 about here

Additional meetings. After the assessment, the next formal meeting was the Educational Planning Conference. The SSW contacted the parents about the scheduled meeting. Both parents attended. It appeared that team members had not decided on Susie's eligibility for services before the meeting. The parents had no idea what the outcome would be. After hearing the test results, the SSW asked, "On the basis of your testing, is she learning disabled?" The two testers agreed, "No," and the ineligibility decision was made. The team also decided that Susie's learning problems were emotionally based and could be best approached with praise and encouragement. This conclusion appeared to be based on observations by various staff members during both testing and non-testing situations. The parents were given a printed list of ways to help Susie with reading and spelling at home, along with some suggestions for increasing her independence and self confidence.

The test data indicating visual motor immaturity and below grade level math skills did not outweigh other test results in the decision that she did not have a learning disability. They were not addressed in educational planning by the team. The staff used observations gathered in the course of administering standardized instruments, rather than the scores themselves to describe Susie's learning problems. But once the

ineligibility decision was made, the team was not responsible for developing a plan for remediation in the regular classroom.

The SSW described the procedures followed in this case as being representative of those referrals in which no services were delivered. Had the perceptual and achievement testing been more clearly within normal limits (Susie's age score on a visual perceptual test was two years below her chronological age), it is unlikely that a Planning Conference would have been held. Usually, when testing indicates satisfactory achievement, this information is conveyed to the parents by a phone call from the SSW and the case is closed, unless the decision is contested. In Susie's case, one tester found results suggesting a learning disability and one tester did not. The inconsistent results were discussed and integrated at the conference. No preliminary meeting was held to reconcile results and present a unified view to parents.

A number of informal meetings and phone contacts were also evident throughout the process: among special education team members, between team members and teachers, team members and child, and teacher and parents. After the eligibility decision there were frequent parent-teacher phone calls to work out an intervention plan and inform each other of how it was proceeding.

Interventions

Because the special education team decided that Susie did not have a learning disability and thus was ineligible for special education services, no intervention was planned. However, special education team members offered advice and recommendations to Susie's parents and, indirectly, to her classroom teacher. Suggestions included providing

praise for independence and growth, not comparing Susie to her older sister, and rewarding her in concrete ways. One of the SLBP tutors explained a printed list of recommendations which he gave to the parents to use at home to improve Susie's written language skills.

The team decision that Susie was normal and could be educated in a regular classroom was followed by a parent-teacher effort to provide remedial instruction. After a month of consistent home study, Susie's parents were satisfied that her work was improving. From time to time they received positive reports on Susie's progress from her teacher.

Before the end of the school year, there was one more incident between Susie and her classmate -- this time serious enough to bring in the principal and both parents. Susie's parents felt it was resolved satisfactorily.

Next year Susie will be in a regular fourth grade classroom. She is not scheduled to receive special services.

Parental Reactions

In response to the teacher's concern and suggestion at the November parent-teacher conference, the parents agreed to the assessment. They further cooperated by taking Susie to a pediatrician and ophthalmologist to rule out any vision problems. They spoke by phone to the classroom teacher and social worker about Susie's earlier problem with a classmate. They attended the Educational Planning Conference where the eligibility decision was made. Later in the school year, a relatively serious incident between Susie and her classmate led to a conference attended by the principal and both girls' parents.

As an outcome of the Educational Planning Conference, the parents

assumed a major role, along with the classroom teacher, in remediating Susie's deficit in basic skills. This required daily after school study sessions and frequent phone contact with Susie's teacher.

During the parent interview with Susie's mother, several themes related to the school-parent communication were noted. First, there was an overall positive attitude of the family toward the school as a result of the referral-assessment process. Susie's mother viewed the fact that her daughter's problems were caught early, taken seriously, and approached by a high-powered team of professionals to be a sign of the school's competency and concern for students.

Second, the effectiveness of home-school communication was emphasized. The classroom teacher has been in regular contact (by phone or meetings) with the family since the fall. After the formal evaluation, the classroom teacher did not lose interest, but continued to call home to keep parents current. This seemed to be a new experience for the family and led them to become far more involved in their child's education than they had been in previous years.

Third, the trauma associated with the assessment process for the child and family was evident. Both child and parents expected the worst: the daughter envisioned retention and having "something" wrong with her and the parents foresaw a major problem with years of tutoring. Some of the positive, glowing attitude toward the assessment may have reflected the sheer relief of finding out that Susie was "normal." For the month or so from referral to the placement meeting, the mother gave the impression that the family went through some anxious times.

Fourth, acceptance of educational responsibility by various individuals occurred. The decision that Susie was not "disabled" and was not qualified for special services shifted responsibility to the parents, child, and teacher. According to Susie's mother, "buckling down" and good, hard effort were what was needed. Effort then was expended by the three "responsible" parties (child, parent, and teacher) with excellent academic results. It is interesting to speculate what might have happened if Susie had been identified as LD. Would the teacher, parents, and child have taken the same active role in remediation, or would the responsibility have been handed over to the "specialists?"

Finally, the impact of the placement meeting itself was described. Susie's mother stated that she and her husband approached the meeting with mixed feelings of eagerness and trepidation. They were not comfortable enough to participate in the discussion until the meeting was nearly over. In general, their attitude seemed to be that "the school knows best," and that interpretation of complex test data was the business of educational specialists. However, they would have liked more time to ask questions about the testing after the school staff had completed their functions at the meeting and were ready to end it. They understood very little of the feedback about Susie's test performance. That she was normal, made reversals, and had academic skills near grade level was what they learned from the specialists' reports. Susie's mother viewed this more as a sign of the parents' inadequacy rather than the school staff's inadequacy. They also expected the classroom teacher to have more input in the meeting and were disappointed that so little

time was spent discussing actual classroom performance.

In preparation for the meeting, the parents had no written reports or contact with those who did the assessment; they came into the meeting "cold." The mother suggested that it would have been helpful to her to have more specific knowledge about the testing. Even in retrospect, the parents knew nothing more about the testing than that it included some reading and math. This was not a criticism by the mother, who accepted procedures as reasonable given the demands on the school staff. But at several points during the interview, she suggested her discomfort at not really understanding what her daughter was experiencing.

Generally, the parents' and school staff's perception of the appropriate role of the family in the referral/assessment decision process was rather unclear. While there were a few formal points at which parents had to be notified in order to grant permission to proceed, the substance of their participation was not prescribed by district policy. Neither Susie's parents nor the school staff members appeared to have strong expectations regarding parent participation in planning a suitable school program for the child. These attitudes contrast with the ideal of the parent role that motivated advocacy groups to seek legislative guarantees of parental participation.

Findings: Bert

Assessment and Decision-Making Process

Figure 3-3 portrays the general sequence of the assessment and decision-making process in Bert's case. The relationship of the activities to the model sequence (see Chapter 1) is summarized in Table 3-3.

Insert Figure 3-3 and Table 3-3 about here

Referral. Although the special education team did not receive a formal referral on Bert until he had been in first grade for three months, at least two team members were previously aware of potential problems. Bert's mother had initiated the consideration of special education services for her child by contacting the SSW prior to the child's entry into the public school first grade. She expressed her own and the private kindergarten teacher's concerns about Bert's hyperactivity and potential learning problems. The speech clinician on the team also knew of Bert through a friend whose child attended the private kindergarten. These two staff members had held informal conversations with Bert's teacher, apparently supporting her decision to refer. In addition, the SSW was familiar enough with the case to make the judgment that school district assessment procedures might not provide all the answers. Thus, at the meeting in which the parents were informed of the teacher's intention to refer Bert to the building special education team, they also were told of an outside agency that offered neurological and psychological evaluation. The SSW was cautious about phrasing this information so that it could not be interpreted as a recommendation (for which the district would have had to assume financial responsibility).

Bert's teacher was concerned primarily with his task-related behavior, physical coordination, and social/emotional development, although she believed that these interfered with his progress in academic areas

as well. Her written referral mentioned both global areas of need (e.g., "below average [academically]...related to physical/emotional problems," and "doesn't...understand appropriate behavior") and specific behavior (e.g., "falls down when walking...falls off chair"). In her discussion of Bert during team meetings, this teacher was skillful at categorizing a problem area and then backing her general observation with specific examples.

Bert's teacher had attempted a number of modifications in the regular classroom environment that were based on concrete behavioral observations. She had enlisted the help of a university student to make systematic baseline observations of Bert's on-task and off-task behavior. Responding to his brief attention span and his tendency to be frustrated by coordination tasks, Bert's teacher cut long assignment papers in half before giving them to him or broke his work into a series of small tasks, reinforcing his completion of each portion of work. Student assistants were sometimes assigned to help him. Although she was not specific about methods, Bert's teacher reported "working on" socially inappropriate behaviors like tattling and hitting. As a sign of progress in social relations she noticed that he was being "chosen" with increasing frequency by classmates.

After Bert's teacher submitted a referral, the special education team (SSW, Speech Clinician, and two SLBP resource teachers) met to decide whether to conduct a formal assessment. At this point, the referral outside the school had been mentioned to the parents, but they had not yet decided what to do. The school team accepted the referral and planned an educational assessment that was to be conducted by one of the SLBP tutors and the speech clinician.

The SSW reported that, in many cases, the classroom teacher discusses a referral with a member of the special education team before filing a form. The team member may informally observe in the classroom or otherwise help the teacher decide whether to refer. At other times, a team member may observe a child who has not yet been identified by a teacher but appears to need service. The team member will encourage the teacher to refer that child. Thus, the informal relationships among long time co-workers contribute to the form of the referral and decision-making process in this team. While all formal steps in the district process are followed, in many ways they become the procedural aspect as opposed to the substantive aspect of delivering special education services in this school.

Assessment. Following the special education team meeting, Letter #1, the notification of the assessment and request for written approval, was mailed to the parents by the SSW. In this case, the notification was a formality since close home-school contact had been maintained and the decision to accept the referral for assessment was assured by the severity of the case and prior involvement of team members.

Two separate groups were responsible for Bert's assessment -- the school staff and the outside agency. Each reported their findings at separate meetings, with little integration except by the classroom teacher, who provided her own anecdotes and daily examples to add to the observations made during formal testing.

Within the school, formal assessment data were collected by the speech clinician and one SLBP resource teacher. These data were in addition to the classroom teacher's observations. Table 3-4 summarizes the devices used and the persons administering them. The speech clinician

gave the ITPA, Beery-Buktenica VMI, and Benton Visual Memory Tests. She also tested auditory discrimination, with and without background noise, on the Goldman-Fristoe-Woodcock Test of Auditory Discrimination. She concluded that Bert's visual skills and language development were appropriate for his age, but that his auditory skills were "spotty," with particular problems in auditory sequential memory and distractability from noise.

Insert Table 3-4 about here

The SLBP resource teacher gave the Slingerland, also observing uneven development. He reported that Bert appeared to have visual-motor coordination problems on writing and copying tests and to be easily distracted by peripheral visual and auditory stimuli. However, he worked persistently, verbally cued himself as a compensatory device, and was progressing normally in reading skills.

The assessment by the outside agency diagnostic team required the family to spend one full day and one half day at the clinic. Sensory screening, pediatric and neurological exams, intelligence and projective personality testing, achievement testing, and classroom observation were included in the assessment. The parents were able to observe the medical evaluations through a one-way glass and were given an immediate interpretation of the results.

Additional meetings. At the first Educational Planning Conference (in December), the parents and a representative of the outside agency (whom they had contacted) met with the special education team to hear the school's assessment results.

At the conference the school team summarized their test results as "uneven," hypothesizing distractibility and perhaps underlying physiological problems to be responsible for inconsistent performance. When the team coordinator (SSW) asked, "Do you see anything clearly LD?" team members did not respond directly. The concluding statement was that the team was "concerned about growth, motor problems, and inconsistent task behavior," and recommended further testing, either through the school district or outside agency. No eligibility or placement decisions were made. This was at least partially due to the ambiguity of the test results, which showed grade appropriate academic skills in spite of some interfering problems (distractibility, poor fine motor coordination, auditory sequential memory weakness) that suggested specific learning disabilities. At the end of the meeting, the parents made arrangements with the agency staff person (who attended the meeting to gather information) to go ahead with the outside assessment. Up to this point, the SSW had spent 2 1/2 hours, the speech clinician 5 1/2 hours, the SLBP tutor 3 1/2 hours, and the classroom teacher 1 1/2 hours, meeting and gathering information for decision making. If additional time spent in informal meetings and assessment during instructional periods were included in calculations of time spent, the times would increase considerably.

In February, three agency staff members and the parents met with the school team. The agency's test results indicated that Bert's intellectual skills were at least average and that he had emotional problems which aggravated his physiological tendency toward hyperactivity. Academic and perceptual test results were similar to those obtained by the local school assessment team. The agency recommended family and individual psychotherapy and possible medication for hyperactivity (contingent on

family participation in therapy). There were a few incidental recommendations to the classroom teacher, such as providing an isolated desk for written work.

At the conclusion of the agency team's report, the SSW stated that Bert was not learning disabled nor was he to be recommended for learning disability tutoring. She expressed relief at knowing the nature of his problem and the way to work on it. This was the first formal team statement of an eligibility/placement decision and did not seem to be open to discussion. It was apparently based on Bert's grade-appropriate achievement test results rather than the behavioral observations and perceptual testing. The abruptness and firmness of this decision statement suggested that it had evolved during previous information exchanges and was confirmed by the latest assessment results.

At least two basic questions were raised in Bert's referral: What is the etiology of the constellation of behaviors observed during school? Does this constitute a learning disability such that special education services should be provided? The school team referred Bert's family to an outside agency because they suspected a neurological and/or emotional basis to the problem behavior reported to them. The agency assessment provided the information the school team sought: Bert was "mildly-to-moderately neurologically dysfunctional," meaning that he was overly sensitive to irrelevant stimuli and had difficulty controlling impulses. The neurologist felt that emotional stress increased Bert's excitability and sensitivity, which in turn intensified his emotional stress. The neurological and emotional assessment data led to this diagnosis.

The question of eligibility for LD services appeared to require two

sets of information: achievement and IQ data. (The district's eligibility requirements for LD services state that there must be a discrepancy between achievement and ability.) This issue appeared to be tentatively decided, but not verbalized, on the basis of the school team assessment data and then confirmed by the IQ and achievement results reported from the outside agency. The contribution of the perceptual test results, classroom behavior observations, neurological, and emotional findings to the eligibility decision appeared to be minimal.

Since the special education team had declared Bert ineligible for their services, the responsibility for further planning shifted wholly to the classroom teacher. Little meeting time was devoted to using the assessment data for decisions about classroom management and instruction. The classroom teacher, aware of the responsibility being placed on her, verbalized her long-term objectives for Bert and requested some concrete suggestions for working with him. The agency team mentioned several ideas, including a system of charting task-related behavior.

The parents also requested some ideas for helping out with school work at home. This discussion was deferred to a parent-teacher conference. The parents tentatively arranged with the agency staff to attempt counseling.

In addition to these formal meetings, it was evident that informal communication also took place. For example, in January the family visited the outside agency. They made an appointment for assessment in mid-February and the mother contacted the SSW to inform her of the appointment. The agency psychologist phoned the SSW, wondering whether the delay would cause the teacher distress. The SSW contacted the teacher to discuss the

delay and then phoned the agency psychologist to say that the teacher was seeking some interim help. The psychologist and teacher talked at length by phone. The teacher and parents also talked by phone during this period of time.

Interventions

Since no special education services were granted to Bert and there were no specific intervention plans given to the regular classroom teacher as a result of the placement team meeting, the educational interventions that actually occurred between the time of the meeting and the end of the school year (approximately three months) were developed and carried out by the first grade classroom teacher, almost entirely on her own. This required extra time and energy by the classroom teacher at a level that she expressed as "tremendous" in terms of individual attention to educational management of a single child in a regular classroom.

Shortly after the placement meeting, Bert's off-task behavior became such a serious problem to the teacher that she decided to institute a formal, individualized, behavior modification plan. Feeling that this should be done thoroughly, she consulted with a district level specialist in learning disabilities to devise an observation and intervention system that she could manage in addition to regular teaching. She began gathering baseline observations about task-related behavior.

During the first four weeks of observation, off-task behavior was high and the teacher was receiving reports of serious social problems that Bert was experiencing with other children outside the classroom. After a particularly difficult few days, the teacher called Bert's mother, requesting that she and the neurologist think once more about

using medication for Bert's hyperactivity.

The medication was prescribed. Bert's on-task behavior, as charted by the observation system, improved remarkably. However, there were side effects from the medication, and he continued to be extremely dependent on the teacher for attention, guidance, and motivation. The charting of behavior observations continued and guided the neurologist's experimentation to determine a correct dosage of Ritalin. After eight weeks, the teacher discontinued charting.

Since that time, the teacher feels that Bert's off-task behavior has increased, despite continuing medication. She is especially concerned that his academic progress -- which had been satisfactory despite the behavior problems -- has slowed recently. She also is discouraged that she sees little progress in self-reliance and self-control since Bert entered first grade last fall. The teacher observes that he has been socialized to classroom routines and interactions to a satisfactory degree. She is able to "manage" him in the classroom and his academic level is within normal expectations. But she is concerned about Bert's lack of social development independent of her control.

At this point, Bert's teacher expresses a wish for understanding of the "emotional problems" that were identified by the assessment conducted outside the schools. She sees her role as one of making all reasonable modifications possible in the regular classroom, regularly communicating with Bert's parents, and making occasional recommendations: trying medication, a special summer school class for emotionally disturbed children, or a child guidance clinic. She does not view her role as one of pushing to obtain some form of special education services to supplement her classroom work with Bert. She is not aware of any services within the school

or even within the district for which Bert is eligible. She has not requested further information or planning help from any of the participants in the team meetings. She accepted the decision of Bert's ineligibility for learning disabilities services as an irreversible transfer of responsibility back to her classroom.

The school plan for next year is to place Bert in a regular second grade class with no special education services.

Parental Reactions

Bert's parents were concerned about potential school problems and hyperactivity even before he entered the first grade. They initiated contact with the SSW while their child was still in preschool, a sign of an unusually high level of concern.

Bert's parents did not respond to a number of attempts to arrange a follow-up interview with the research assistants. It is clear that they are not eager to discuss the process of a continuing, stressful experience. It is not clear whether they are hesitant to discuss their child's situation because of their discomfort with the intransigence of Bert's behavior problems or because of ill feelings toward some aspect of the school process or the observation of it.

Discussion

The assessment and decision-making processes for Susie and Bert differed greatly in complexity even though both followed the same recommended procedure and both resulted in the decision that the student was ineligible for services. In both cases, the teacher provided the formal referral to the building special education team; for Susie, this was preceded by referral to the school social worker, and for Bert this was preceded

by parental contact with the school social worker. In both cases, the special education team recommended assessment. However, while Susie's case followed a more typical pattern, Bert's case involved two assessments and two Educational Planning Committee meetings. In the end, both Susie and Bert were declared ineligible for LD services. Parents were highly involved in both cases.

The process in both cases was consistent with the model sequence outlined in Chapter 1. In Susie's case, five separate activities occurred. Two of these combined more than one of the steps in the model sequence: review of referral and appointment of assessment team were both done at the meeting of the special education team; review of assessment results, contacting parents, eligibility determination, and placement decision were all accomplished at the Educational Planning Conference. Given the ineligibility decision, all model steps except pre-referral interventions were included.

In Bert's case, eight distinct activities were observed. Again, more than one model step often was encompassed in one activity in the process; in addition, some steps of the model occurred more than once in the actual process for Bert. Specifically, Bert was assessed by the school, an Educational Planning Conference was held, then Bert was assessed by the agency and another Educational Planning Conference was held. It was at the second conference that the eligibility decision was made. Given the ineligibility determination, all steps in the model sequence were included in the process for Bert, including pre-referral interventions.

Two meetings were held to determine that Susie was ineligible for

services and three meetings were held to determine that Bert was ineligible for services. While Susie seemed in general to benefit from the process, the degree to which Bert benefitted is difficult to evaluate.

Overall, the special education team in this school appeared to function effectively in dealing with the complex tasks it had been assigned. As a unit, the team demonstrated both concern and a sense of responsibility in its decisions regarding children, parents, and teachers. Not surprisingly, the decision-making process worked out better in some cases than in others. In this discussion of the findings, we will attempt to tease out some of the elements that contributed to the team's effectiveness, along with some factors that may have interfered with optimal functioning.

One of the most noticeable characteristics of the particular school setting observed was the degree to which personal relationships and informal social networks permeated and mitigated the formal decision-making process. In many ways, the social context appeared to be more significant in the formation of attitudes and opinions than formal procedures and concrete data, with resulting advantages and disadvantages.

For example, Susie's mother's favorable attitude toward the school and the team decisions made for her daughter's education appeared to be based almost entirely on her frequent communication with the classroom teacher, whom she perceived to be competent and caring. The incomprehensibility of much of the data and interpretation presented at the Educational Planning Conference might have been perceived in a negative light by Susie's parents if their generalized belief in the skill and good will of the school staff had not been previously established in their communication with the classroom teacher.

In Bert's case, acquaintances of school staff members in the neigh-

borhood had kept them informed of his out-of-school behavior even prior to his enrollment in the school. A personal friendship between his classroom teacher and a district level learning disabilities specialist enabled the teacher to plan a more rigorous behavior observation/modification system than would be available to most classroom teachers. Familiarity between regular and special staffs is acknowledged by the team coordinator to facilitate the referral process. Some potential referrals are screened out in informal conversation or observation before they enter the formal referral process, while other cases are identified after special education personnel call them to the attention of classroom teachers.

Perhaps because the special education planning team has functioned as a unit with minimal staff and procedural changes over several years, members appear to interact smoothly, harmoniously, and efficiently. While this saves time and facilitates the complex work the team must do, it may be a disadvantage in terms of responding to change (e.g., when a new member joins the team). The team appeared to operate in the context of some assumptions that no longer needed verbalization and thus were difficult to identify. One set of unspoken assumptions concerned the criteria for eligibility for SLBP services. Apparently Bert was not granted services because the deficit between his ability and achievement was insufficient to warrant them. However, this criterion was not verbalized during the meeting in which the eligibility decision occurred. During an interview, the classroom teacher stated that she had concluded that an additional reason for Bert's ineligibility was that SLBP teachers in her school worked with academic problems, not behavior problems. This would not be consistent with district policy, but was inferred by the teacher on the basis of her observations of the decision-making process and contacts with the staff.

It should also be noted that the special education team in this school, serving a stable, socioeconomically secure neighborhood, experiences a different set of constraints on decision making than do teams functioning in inner city schools in the same district. One of the SLBP tutors observed that the students he serves generally have less serious academic deficiencies than students he has worked with in other city schools. Because academic expectations vary with school populations, students considered academically handicapped in one school might be well within the average range in another. Thus, there is considerable discretion granted the individual school team in setting standards for eligibility, based on total student body needs and availability of services (both LD and other, such as Title I).

The two cases observed at this school suggest that the eligibility and placement decisions might also be construed as "locus of responsibility" decisions. Had either child been declared eligible for SLBP services and scheduled to receive them, the special education team would have assumed responsibility for planning, implementing, and monitoring an educational program. Since both children were declared ineligible, the educational responsibility was transferred to other resources. Susie, her classroom teacher, and her parents implemented a remedial program, with positive results, once they were informed that her deficit was not due to a learning disability and thus was remediable within the regular educational system. In Bert's case, while the family and mental health agency agreed to work together outside of school, the primary educational responsibility reverted to the classroom teacher. Both Bert's parents and his teacher seemed disappointed with the decision not to provide special education services at school, yet neither of them pursued further evaluation following the Educational Planning Conference by the team.

Another issue relating to responsibility was raised in Bert's case because of the sharing of assessment and treatment functions by two entirely separate agencies with no experience at coordinating their actions. While the special education team conducted the initial assessment (which tentatively suggested ineligibility), they deferred to the diagnostic authority of the outside agency, basing their final decision on those results. The advanced professional training and competence of the external assessment team and their skilled presentation of findings seemed to displace the sense of responsibility that would otherwise have been felt by the school team. The presentation suggested that this agency was also capable of handling the treatment of the problem. There was little attempt to integrate the findings or treatment responsibilities of both teams. We speculate that the local school team might have declared the child eligible and provided services had help not already been available, at least to some extent, through a well-managed classroom and family therapy by another agency.

The outcomes in the two cases of Susie and Bert suggest that an important implication of the decision is the reassignment of educational responsibility, and that the team must be aware of the resources of various parties when designating such responsibility. The SSW commented that the referral/assessment/decision process often turns out to be useful even when it concludes in a decision of ineligibility. Perhaps it is the aspect of clarifying the source of the problem and identifying the appropriate sources for remediation that makes it productive.

In reviewing both school and district-level procedures, one step in the process stands out as potentially important for including parents

in information sharing and decision making. Between the completion of formal assessment and the Educational Planning Conference, district policy requires a special education team member to contact the parents and explain the test results. Although this step is unelaborated in district procedures, it is a pivotal stage in the process in terms of possible outcomes. There is no specification of which team members must participate in evaluating test data and communicating results to parents; yet, in some cases this may be the point at which the eligibility decision is made. At one extreme, a staff member could report that test results indicated no need for services, terminating the case without consulting the entire team or requesting parental input.

On the other hand, this stage of home-school contact appears to be an ideal point for preparing parents for active participation in the upcoming Educational Planning Conference. This could be the time when parents are given a full explanation of test results, in language and concepts appropriate for non-educators. It could also be a time to encourage questioning and active participation and to clarify the potential role of the parent in the Planning Conference.

In the cases we observed, the staff contact was a phone call to inform the parents that testing was completed and that a meeting (the Educational Planning Conference) had been scheduled to discuss the results and make educational plans. The full explanation of test results was collapsed into the Planning Conference, occupying the majority of that meeting time. In turn, this procedure limited the time available for program planning should eligibility have been established and IEP development required.

One consequence of reporting assessment results to parents in the presence of the entire team is the need for staff members to maintain professional stature in the eyes of colleagues. This may encourage extensive use of technical jargon and discourage questioning by those least familiar with special education, usually the parents and the classroom teacher.

In summary, the team attempted conscientiously to follow the formal procedures for decision making designated by district policy. In addition, they clearly demonstrated concern for children and their families and teachers in spite of pressures and influences (such as long-established team expectations and norms, teacher characteristics, availability of services, and other unidentified case by case variables) that complicated the decision-making process to the degree that even team members themselves may not fully have understood the basis of a decision. To the extent that these factors can be identified and verbalized during decision making, teams may increase the rationality and objectivity of their decisions and, in the long run, better evaluate the outcomes.

CHAPTER 4

Decision Making in an Urban School: An Example of
a Simplified Process

Susan Epps and Richard Regan

Background InformationSchool District

The school district is a large urban school district in Minnesota with an elementary enrollment of approximately 20,000 students. Approximately one-fourth of the students (26.4%) are from minority groups. Special education services are provided in all disability areas, and include district-wide services as well as school-based services. Most children receiving special education services fall within the SLBP (Special Learning and Behavior Problems) category. The district is the same as that described in Chapter 3; however, the school from which the case study was selected is different.

School

The elementary school is one of 55 in the school district. It is a "fundamentals" school that concentrates on basic skills in structured, self-contained, ability-grouped classrooms. Minimum standards of achievement, based upon the school's program guidelines, are required before a student can advance to a higher grade.

Typical Decision-Making Process

Sequence. During the initial stages of the referral process, the classroom teacher and the SLBP teacher work together to evaluate the student's level of academic competence in relation to the school's basic program guidelines for the specific grade in which the referred child is

enrolled. The school social worker serves as a liaison between the teachers and parents.

Decision-making team. Within the elementary school, the participants in the Educational Planning Conference typically include the school social worker, the SLBP teacher, the regular classroom teacher, and the parents.

Eligibility criteria for LD services. Determining which students are eligible for special education services is strictly an in-house decision in this school. Personnel within the school evaluate the student's mastery of basic program criteria without consulting outside support services (e.g., psychological services). A psychological evaluation is not requested.

Methodology

Subject

Doug is a seven-year-old black first grade student from a single-parent home. The teachers described him as quiet and shy, with poor fine-motor skills and slurred speech. His kindergarten teacher first expressed concern about his readiness for first grade. A school conference was held at the end of kindergarten and the mother decided that she did not want Doug to repeat kindergarten. Shortly after Doug started first grade, his classroom teacher referred him to the SLBP teacher because of poor performance in reading and mathematics.

Procedure

Two researchers collected information on Doug. Data were collected from interviews with the classroom teacher, the SLBP teacher, and the school social worker, as well as from informal conversations with the principal and the parent. In addition, observations were conducted in the classroom.

Findings

Assessment and Decision-Making Process

The sequence of activities in Doug's case followed the school's typical procedure. The relationship of the activities to the model sequence (see Chapter 1) is summarized in Table 4-1.

Insert Table 4-1 about here

Referral. Doug was referred by his first grade teacher in November for poor performance in the areas of reading and mathematics. No interventions were employed prior to referral.

A screening committee met in November to discuss Doug's case. Included in the meeting were the classroom teacher, the SLBP teacher, the principal, and the social worker. The committee decided that the SLBP teacher should assess Doug's current performance levels in reading and mathematics and determine the extent to which supplemental services were needed.

Assessment. Parental permission to assess was obtained in November by the school social worker, first over the telephone and then in writing.

The assessment of Doug's current performance levels in reading and mathematics was conducted by the SLBP teacher. The devices used are summarized in Table 4-2. The SLBP teacher spent approximately 4 1/2 hours in assessment activities and used informal inventories to evaluate reading skills, and KeyMath and Criterion Math to evaluate mathematics skill development.

Insert Table 4-2 about here

Additional meetings. After the screening committee meeting, only one other meeting was held. This second meeting was held to report on and evaluate the assessment data and to plan an educational program. Doug's mother was present at this meeting. School staff attending this meeting were the regular and SLBP teachers and the school social worker. At this meeting, it was determined that Doug was eligible for LD services. Doug's mother was informed of the proposed program and interventions. She agreed to these.

Approximately 1 1/2 hours were spent on Doug's case in the two meetings. A third meeting, the year-end staffing, was planned, but was never held.

Interventions

The major intervention implemented for Doug was one hour of SLBP services each day (30 minutes in reading and 30 minutes in mathematics). Doug's remedial program was designed to develop specific skills missed and/or not mastered in reading and mathematics. This program fits within the school's graded lock-step curriculum which is based upon the concept of fundamental skill development. The classroom teacher is responsible for the implementation of this program.

Evaluations of Doug's progress were made by means of weekly tests that were designed to ascertain those skills he had acquired. No changes were made in interventions as a result of these weekly evaluations.

The plans for Doug for the next academic year were not determined at the end of this school year. Plans for the fall will be made at the end of August.

Parental Reactions

Doug's mother was involved in the second meeting. During this meeting, her involvement consisted of being provided with feedback on the evaluation of Doug, the proposed program, and the intervention. The mother expressed satisfaction with the program and with the school's willingness to make changes to "help" Doug.

Discussion

The assessment and decision-making process for Doug was consistent with the procedures of the school. The process was simple and, at least in this case, minimally time consuming. Doug was referred by his teacher; the screening committee accepted the referral and appointed the SLBP teacher to conduct the assessment. After the evaluation, the Educational Planning Conference was held at which test results were reviewed, Doug was declared eligible for LD services, and a program was devised. Doug's mother was present at this meeting.

The process in Doug's case was consistent with the model sequence outlined in Chapter 1. Seven separate activities occurred, beginning with the referral and ending with implementation of the program. Most of the model's steps (review assessment results, eligibility, contact parent, develop IEP, placement, IEP strategies) were combined in one activity, the Educational Planning Conference. All model steps except the pre-referral interventions were included in the assessment and decision-making program for Doug.

Two meetings were held to determine that Doug was eligible for LD services and to plan a program for him. Weekly monitoring of his progress was a specific part of the implemented program.

CHAPTER 5

Decision Making in an Urban School: An Example of How
Procedural Compliance Does Not Equal Substantive Compliance

Kathryn Kuehnle and Margaret Potter

Background InformationSchool District

The school district is a large urban school district in Minnesota. It has an elementary enrollment of approximately 20,000 students; slightly over 25% of the student population consists of students from minority groups. Special education services are provided at both the school and district levels; all disability areas are served. Of the children receiving special education services, most fall within the Special Learning and Behavior Problems (SLBP) category. Although the district is the same as that described in Chapters 3 and 4, the school from which the case study was selected is different.

School

The elementary school is one of 55 in the school district. It differs from other district schools in that it serves as a home school for the English as a Second Language Program. Thus, this school has one of the largest southeast Asian populations within the state. Other resources for serving children with special educational needs, within the school, include Title I services and a Special Education Resource Room service. The Title I program is served by two full time and one part time Title I tutors. One full-time special education teacher, certified in SLBP, and one full-time special education teacher, certified in General Learning Disabilities, serve within the resource room structure.

Typical Decision-Making Process

Sequence. Within this school, the social worker is assigned the major responsibility for the due process file related to each referral.

The first step in due process decisions is initiated by the regular classroom teacher when he or she sends a written student referral form to the social worker. At this time, the parents do not have to be notified. Upon receiving the teacher referral, the social worker completes identifying information on the referral form and directs the form to the special education teacher who completes the remaining information, indicating any past testing or service. A review committee meeting is held next. Information provided on the referral form, which includes learning patterns, behavior problems, and past standardized testing, are used as data to help the review committee determine whether the referred child should be formally assessed. The committee's decision appears also to be influenced by the number of students currently referred, the conviction of the referring teacher, and/or the pressure from the student's parent(s). If the committee decides not to assess, the case is dropped. However, if a decision to assess is made, the social worker sends the first letter of notification to the parent.

Assessment does not take place until the parent returns formal written permission for the assessment. If the first permission form is not returned immediately, a second letter is sent after an unspecified interval of time.

Upon completion of the formal assessment, the review committee meets again to determine whether special education service will be provided. School personnel indicated that the strain on special education service

is great, and there are a limited number of professionals available to serve the large population of children with special educational needs. This means that only those students needing services most can be served. However, school personnel acknowledged that it almost always agrees to provide service if a parent demands it, regardless of whether the child is the "most needy" of the children referred.

Decision-making team. The typical review committee meeting in the school is attended by the social worker, the special education teachers, the referring teacher, and the principal.

Methodology

Subject

Marilyn is a third-grade eight-year-old Caucasian girl from a single-parent home. At the time of referral she was receiving Title I service for reading and math. Marilyn's third-grade teacher expressed concern during the first weeks of school because of Marilyn's distractibility during academic work periods and her "fantasy play" with toys brought to school from home.

Procedure

Two researchers collected information on Marilyn's case. The researchers attended meetings at which Marilyn's case was discussed and interviewed personnel involved in the case.

Findings

Assessment and Decision-Making Process

The sequence of activities in Marilyn's case is presented in Figure

5-1. The relationship of these activities to the model sequence (see Chapter 1) is summarized in Table 5-1.

Insert Figure 5-1 and Table 5-1 about here

Referral. Early in the school year the regular classroom teacher became concerned over Marilyn's distractibility during academic tasks. Prior to submitting a formal referral, the referring teacher shared his concern over Marilyn's attention problems with the special education staff. Following these informal discussions, the teacher submitted a formal referral to the school social worker. After the referral was submitted, the special education teachers met informally and agreed to conduct a formal assessment of Marilyn. During this period, the teacher also formally discussed the problem with the student's mother at the fall parent-teacher conference.

The formal referral indicated that the classroom teacher was primarily concerned with Marilyn's low math and reading skills, her problems in retaining knowledge, her short attention span, and the lack of independence and self-discipline. The teacher wrote, "it is very difficult for Marilyn to follow through a task without my offering constant reminders, sometimes very firmly!"

Marilyn's teacher reported that, prior to filing the formal referral, attempts were made to motivate Marilyn (by rewarding her with free time) to do assignments. However, these plans were not specific and it appears these rewards were not consistently and systematically available.

Assessment. The classroom teacher secured written permission for assessment from Marilyn's mother during the fall parent-teacher conference.

At this time, the teacher told the mother of his concern about Marilyn's attention problems in the classroom.

Table 5-2 summarizes the personnel and devices involved in the formal assessment of Marilyn. In this school, the special education teacher was responsible for conducting the assessment. The assessment instruments included both formal and informal devices. The Peabody Individual Achievement Test (PIAT), the Ginn reading levels test, and the home school's scale were administered to assess academic skill levels. The Slingerland and the Visual Motor Integration (VMI) tests were used to measure perceptual and fine-motor ability. The Peabody Picture Vocabulary Test (PPVT) also was administered to evaluate receptive language.

Insert Table 5-2 about here

The assessment results indicated Marilyn's performance was in the "normal range" on most devices; however, her reading skill, as measured by the Ginn reading levels test, was found to be two levels below her appropriate grade level.

Additional meetings. While the classroom teacher had informally discussed his concerns with special education personnel since the beginning weeks of school, the first formal meeting was not held until December. Rather than conducting the formal meeting to determine the need to assess following a written referral, the special education teachers met informally and made the decision to conduct a formal assessment of Marilyn.

Four months into the school year, following the educational assessment, a referral review meeting was held. It was attended by the school principal, social worker, two special education teachers, and the referring teacher. The purpose of this meeting was to review the assessment data and to determine special education eligibility. The assessment data provided at this meeting were derived from instruments that measured academic performance in the areas of reading and math and from instruments that are designed to measure "perceptual skills." Direct observation data were not presented.

In his discussion of the student at the referral review meeting, the teacher also stated his concern over what he described as her excessive fantasy play. This excessive fantasy play involved small toys brought to school by Marilyn, which she played with at inappropriate times during school. The teacher's delineation of this problem was general rather than specific; he did not define "fantasy play" beyond indicating it was play that took place at inappropriate times. While both academic and behavior problems were included in the referral, the teacher's primary concern was Marilyn's behavior; he indicated that her non-attentive behavior was affecting her academic performance. The outcome of the referral review meeting was an agreement to provide indirect special education service for this student. (This decision automatically eliminated the provision of Title I services to Marilyn.) It appears that the school psychologist was notified at this time that the school would like consultant help in setting up a behavior modification program.

Based on the decision to provide service, the Individual Education Program (IEP) Conference was scheduled to meet two weeks later. The meeting, attended by the mother, the social worker, and a special edu-

cation teacher, began with a presentation by the special education teacher. Marilyn's obtained scores on the assessment instruments were reported and LD was essentially ruled out by the special educator's statement that Marilyn had no perceptual problems. This was followed by a proposal of a behavior modification program to develop Marilyn's "on task" behavior. At one point, the mother interrupted to ask for an explanation regarding the meaning of a "Ginn Level 7." A majority of the meeting time was spent questioning the mother about her daughter's behavior at home and speculating on the underlying meaning of her behavior. For example, the special education teacher questioned how much Marilyn's diet had to do with her inattention. The mother appeared confused by the question and reported Marilyn had always been thin. After the mother indicated Marilyn had a slight hearing loss, the special education teacher postulated, "Don't the hard of hearing fantasize sometimes?" After outlining the school's proposal to get the psychologist involved, even though on the day the psychologist observed in the classroom her behavior was "no different than that of the other kids," Marilyn's mother inquired about the school's disciplinary policies. The social worker replied by saying, "The interesting thing is, [Marilyn] is not a behavior problem."

After continuing discussion on Marilyn's attention problems and fantasy play with her stuffed animals, the mother asked whether there were any special programs for children with attention problems. The special education teacher responded, "there were some schools in California." The mother then inquired about a local child guidance clinic whereupon the social worker suggested another child service clinic as an option

if the school program was ineffective.

As the meeting ended, the mother offered to work on academic material with Marilyn at home; the social worker and special education teacher agreed. It was also agreed that the special education teacher would contact the school psychologist to set up the behavior modification program. The IEP would then be written and sent home to be signed.

A second IEP parent consent form was sent home with Marilyn after waiting a month for the original IEP to be returned. Once the signed form was returned, a meeting was held to formulate the behavior program. The school psychologist had observed Marilyn in the classroom before the IEP meeting for one hour, and reported to the researchers that her activity level and on-task behavior were not significantly different from those of her peers. (It was unclear whether a systematic process of data collection was used during the observations.) In January, the school psychologist and the previously involved school personnel met to discuss the behavior program for Marilyn. At this time, the special education and referring teachers felt Marilyn had improved considerably. Because of the perceived improvement, the teachers indicated to the school psychologist that they did not need a formal systematic program. Therefore, during this meeting, the psychologist made only general suggestions, ones that could be useful for on-task behavior of all children in the class (see Appendix C).

One month following this meeting, the school psychologist met again with the special education and regular class teachers. The teachers indicated that they felt Marilyn's behavior was under control. From this meeting until the last week of school, no formal meetings were held

to review Marilyn's progress.

During the final week of school, a case review meeting was held by the school social worker, special education teacher, and the regular teacher. The decision not to terminate services for Marilyn was made at this time based on the information that her attention had improved but was still a problem. The regular class teacher noted his concern that if Marilyn needed services next year, it would take unnecessary time to have her go through the referral process again. The plan for next year will be for Title I to provide services to Marilyn again; if that fails, she will be moved to direct service in special education. The school psychologist was not aware of this meeting and was not informed of the decision not to terminate this case.

Interventions

The intervention was described by the classroom teacher as "suggestions and hints" provided by the school psychologist as to how to keep Marilyn on task. These suggestions included changing the peers who sat next to Marilyn and making recess contingent on assignment completion. When asked whether there was any difficulty in implementing the program, the teacher reported that there was no difficulty "because [he] did not really do anything specific."

The teacher did not know whether the indirect service was specifically helpful for Marilyn, but felt that it was important because it brought her to the attention of the special education personnel. He did feel, however, that direct service would have been preferred and that she will probably need direct service next year.

This lack of clarity regarding the specific intervention program

provided through indirect service not only was expressed by the regular class teacher but by the special education teacher who wrote the IEP, by the school psychologist who consulted on the case, by the parent, and by the student who was the focus of the indirect service.

Parental Reactions

At the IEP conference, the mother asked some questions for clarification and answered questions about Marilyn's behavior at home. During the presentation of assessment information, the mother appeared not to understand the educational terminology used by the special education teachers (e.g., Ginn level 7). It was difficult to determine whether the mother understood the meaning of other information presented, such as a PIAT score of 2.7 or a test that assessed perceptual problems. When the mother asked about special programs for children with attention problems, she was provided with the name of a clinic as an option to follow-up on if the school program was not effective.

The only school follow-up with the mother, after the decision was made to provide Marilyn with indirect service, was a call from the social worker. The social worker contacted the mother to inform her about a program at a child guidance center; however, nothing was mentioned about the progress of the school program.

When asked by the researchers about the reason her daughter was referred for special education service, the mother reported it was due to "discipline problems." While she reported she had been aware that Marilyn had academic problems, this was the first time she had been notified that a behavior problem existed.

When queried about how the problem was being remediated, the mother

indicated she was not certain about what was being done at school. When Marilyn was asked about the special help, she was not able to describe anything that would indicate special help was being provided. Specifically, Marilyn told her mother that nothing different had been done in the classroom. Overall, the mother reported that she was pleased with the concern the school had shown.

Discussion

The assessment and decision-making process for Marilyn appeared to be somewhat inconsistent with the school's recommended procedure in that the decision to conduct a formal assessment was made informally and the assessment was conducted before a referral review meeting was held. After that point, the activities followed the basic guidelines of the school for meetings to be held. As a result of the assessment and decision-making process, Marilyn no longer received Title I services for reading and math. While Marilyn's name was entered on the special education caseload rolls, service consisted only of some general suggestions to the teacher for improving attending behavior.

The nine separate activities occurring in Marilyn's case (see Table 5-1) excluded some of the steps included in the model sequence outlined in Chapter 1. For example, strategies to implement the signed IEP were not developed because the teachers felt they were not needed. In addition, several activities occurred in an order different from that of the model sequence. Most notably, the team referral review occurred after parent permission to assess had been obtained, and after the actual assessment. Several steps of the model sequence (referral review, assessment review,

eligibility, placement) were combined in one activity -- the referral review meeting.

Although the decision to provide special education service for Marilyn appears to have met the mandated guidelines for structuring this decision through formal meetings, it is questionable whether the decision was based on empirically-derived information. The use of the perceptual and fine-motor testing is questionable at best for a referred behavior problem, but was used to rule out a "learning disability." The lack of any objective behavioral data at decision meetings was evident. Ironically, the indirect special education service for this student made her ineligible for the Title I services she had been receiving for her academic deficiencies. Therefore, it appears the assessment data collected for the specific referral problem and the resulting decisions based on this assessment information may have reduced services to Marilyn, even though they placed her on the special education rolls.

Compounding the problem of lost services was the fact that this child did not receive the Level II service for which she had been scheduled. While the special education staff listed this student as receiving indirect special education service, no individual involved in this case could explain specifically what intervention had been implemented. Furthermore, during the case review meeting, the decision reached was that the behavior of this student had not improved enough to terminate her special education service.

On numerous occasions, school personnel commented to the researchers that this was not a representative case. It seemed, in fact, as though they were not sure how to handle an indirect service case of this sort.

Essentially, the referral was made because Marilyn's behavior was disturbing to that particular regular class teacher. When the teacher became less disturbed by the behavior, the motivation to provide any intervention dissipated. Unfortunately, in this case, providing minimal service was perhaps more detrimental than had the decision been made not to provide any services since Marilyn could not legally be on both the SLBP and the Title I rolls. This conflict of services was not considered during the placement decision process. While Title I services were discontinued during December, January, and February, Marilyn started receiving Title I reading and math services again after the spring audit.

Considerable confusion seemed to surround the exact nature of Marilyn's problem. The teacher was concerned about attentiveness; the mother was told that Marilyn was not a behavior problem and that she was not LD. And yet, the end of the year plan was to move her to direct service next year if Title I could not provide the help she needs, implying a concern with academic, rather than attentional deficits. Thus, although the school generally followed the appropriate procedures for referral, assessment, eligibility/placement and review, the services provided were not of substantive benefit to this student. In fact, this process interfered with Marilyn's opportunity to receive academic aid - aid which may have to be delivered next year in the form of direct service.

CHAPTER 6

Decision Making in a Suburban School: Atypical Examples
of the Process

Sandra Christenson

Background InformationSchool District

The school district is located in suburban Minneapolis and has a total school population of 18,500. According to the Special Education Director, a cross section of SES levels is represented in the district, ranging from those receiving assistance from Aid to Families with Dependent Children (AFDC) to those with a reasonably high income level. Approximately 44% of the district's population is comprised of single-parent families. Group achievement scores in the district are significantly above national norms. The director characterized the district as an "average suburb."

Slightly over 2000 students receive special education services in the district. Services provided range from Level I to Level IV.

School

The school is one of 15 elementary schools in the district. Although the district provides Level I - Level IV special education services, this school provides only Levels I-III; therefore, monitoring and direct teaching from resource personnel are available. Within this school, special education personnel include: one full-time and one part-time Special Learning and Behavior Problems (SLBP) teacher, one part-time General Learning Disabilities (GLD) resource teacher, and one full-time Title I teacher with three aides. A speech/language therapist is assigned to the school half-time. The psychologist and social worker are available one day per

week. The physical education teacher conducts adaptive physical education evaluations but provides no remedial training. An instructional assistant is available to provide classroom teachers with curriculum modification ideas for the benefit of the regular and special education students.

Typical Decision-Making Process

Sequence. The decision-making process within the school district includes nine steps. These steps comprise the standard procedures for decision making within each school, although minor idiosyncratic differences may occur. The nine steps are summarized in Figure 6-1. Detailed descriptions of each step are provided here.

 Insert Figure 6-1 about here

The decision-making process is initiated by a written referral from the regular classroom teacher. The referral is sent to the principal, who schedules the student for staffing.

The staffing team meets at a regularly scheduled time each week to discuss new student referrals, to conduct periodic student progress review, and to provide plans for classroom consultation. Any time a student is discussed during a staffing, one of the team members records the purpose of the staffing, meeting deliberations, and particularly decisions, on the district's "Pupil Staffing Report" (see Appendix D).

Next, after team input suggests the need for specific team member involvement in future assessment, parental signature for this assessment is sought. The typical procedure is for the case manager to place a call to the parent, followed by mailing of the form "Parental Involvement:

Referral and Assessment" (see Appendix D). Upon receipt of this form from the parent, two outcomes are possible. If the parent is in agreement with the proposed assessment activities, the assessment process is initiated. However, if the parent disagrees, attempts are initiated to clarify and modify the proposed assessment activities to satisfy parental concerns so that parental approval is obtained.

After parental permission is obtained, the fourth step in the process, the assessment, is started. The full assessment procedure involves formal testing, including intellectual, language, and educational evaluations, informal testing in reading, writing, spelling, and mathematics using a district-developed instrument, and classroom observation. In those cases requiring parental interview, the parents are contacted either by the social worker or case manager. The results of the varied assessments by the appropriate team members are written on a standardized form entitled "Description and Interpretation" (see Appendix D). Each member assigned to the case responds within his/her area of expertise on this form. The outline of the form includes: mental and physical status; emotional-social status; environmental status; educational status; and summary and interpretation. Complete detailed reports, such as the psychological, speech/language, or educational evaluations, are attached to this form.

After the data have been collected and interpreted by each team member, the student's case is scheduled for the weekly staffing. At this staffing, information is shared and the form "Assessment Review and Needs Determination" (see Appendix D) is completed. This comprises the fifth step within the process.

Next, an explanation of the assessment results and the school's

list of determined needs for the student are shared with the parent. The case manager, regular class teacher, and parent consistently attend this meeting. If psychological testing has occurred, the psychologist will explain the results; however, speech/language and educational testing results often are explained by the case manager. The purpose of the meeting is to explain the assessment results, to obtain additional parental input, and to jointly arrive at the special education services to be provided.

At the conclusion of this meeting, the seventh step often is achieved. IEP approval by the parents and involved team members is obtained on the form "Request for Parent IEP Approval" (see Appendix D). Two other forms used during the sixth and seventh steps include the (a) "Individual Education Program Plan" and (b) "Level and Type of Service Need and Least Restrictive Alternative Statement" (see Appendix D).

After written parental approval of the IEP, placement within the determined level of service occurs. Placement usually occurs within a week of parental agreement. Although the IEP has been discussed, the specific long-range goals and short-term objectives recorded on the "Individual Education Program Plan" form are developed during the first two weeks of placement. Parents are contacted, either over the phone or during a scheduled meeting. If a program change is deemed necessary, by either the special education teacher or the parent, the change would be discussed and parental agreement/disagreement would be recorded on the form "Parent Involvement: Program Change" (see Appendix D).

Upon completion of the placement, the numerous forms are compiled by the case manager. Until these forms are reviewed by the Special Education

Director, eligibility is not official. According to the case manager, students often receive service prior to the official approval, since paperwork is extensive. The Special Education Director reads the input from the several team members, including the parents and the student (usually when the student is of secondary age). Should eligibility not be approved, a meeting involving all team members would be called. This is a rare occurrence since the team decision appears to be of primary importance in the school district's decision-making process.

The ninth step in the process includes periodic review, which occurs at least twice a year. Students identified for periodic review are scheduled for the weekly staffing. Either of the forms "Pupil Staffing Report" or "Status Report" (see Appendix D) is used. The parent, student (usually when of secondary age), and regular or special education teachers may request a more frequent review schedule. Therefore, periodic review is achieved both by regular schedule and upon request.

Decision-making teams. A staffing team is established within each elementary and each secondary school. The team, chaired by the principal, usually includes the following individuals: nurse, GLD resource, SLBP resource, Title I, and classroom teachers; speech/language clinician; psychologist; social worker; and instructional assistant. This team meets on a regularly scheduled, weekly basis. The nature and extent of each team member's involvement in a case depends upon the referral question and is determined through team input at the staffing.

In the target school, the team composition was consistent with district policy. While the principal chaired the staffings, the case managers were assigned to cases by using a combination of (a) a rotating

schedule, and (b) the identification of the student's greatest need. For example, if a student was referred because of behavior problems both within school and at home, the social worker might be assigned to the case because of anticipated involvement with the parents. In contrast, if a student was referred for low reading and language skills, a special education resource teacher might be assigned because of anticipated involvement in diagnostic testing. During the initial staffing after referral, team member involvement for assessment is determined. Team membership may change during the assessment process. If a team member's involvement is necessary in data collection, he/she is included. After all the data are collected and described in the "Description and Interpretation" form, all team members listen to the assessment review and assist in determining needs.

Eligibility criteria for LD services. The school district does not use specific criteria in determining the extent to which pupils are eligible for LD services, but relies on the team decision. The team addresses findings about the student within a broad context that includes such guidelines as: (a) the extent to which the student is behind academically, (b) the extent to which the student "fits" in existing classroom groups, (c) the regular classroom teacher's perception, and (d) the extent to which a classroom aide will solve the problem. Upon addressing these guidelines, the team votes as to whether support services through special education should be offered. If approval for these services is indicated, the next question addressed is, "Who has an opening to serve this student?" All resource teachers (GLD, SLBP, Title I) are potential service providers for students determined to need special education services. As a result

of this procedure, a student identified as learning disabled may receive services from the GLD resource teacher. Similarly, one student may be served by both GLD and SLBP resource teachers. The decision as to who serves the child is not dictated by the diagnostic classification for the student.

Methodology

Subjects

Two subjects were identified from referrals made within the school during the period October 16 to November 27. The first student, Tom, a sixth grader, enrolled at this school for the first time at the beginning of the school year. Tom was referred for poor reading and spelling skills by his classroom teacher. According to the teacher's written referral, Tom, despite his placement in the lowest reading group, was experiencing difficulty in sight vocabulary, phonics, handwriting, comprehension, oral reading, and spelling activities. In addition, his behavior was described as immature; behaviors specifically mentioned were attention-seeking, and loud, "blurting-out" characteristics.

The second child, Joey, a fifth grade student, moved into the school district in November. His mother telephoned the principal about the anticipated move, which was to occur the next day, and provided some background information, emphasizing the special programming he had been receiving in a nearby district. This parent referral was the basis for the discussion of Joey at the weekly staffing.

Procedure

To collect information on the decision-making process in the school

and school district, one researcher attended meetings, conducted interviews, reviewed records, and maintained ongoing communication with the case manager.

Attendance at weekly staff meetings occurred from October 16 to November 27, at which time two students were identified who met the specified criteria of the study. After the two students were identified, attendance at the staffings was eliminated unless one of the students was to be discussed. This occurred twice.

Interviews were conducted with the parents, classroom teachers, case managers (who were the special resource teachers) and the Special Education Director. A one-hour observation of each student was conducted also. Finally, a system was devised for the case managers to collect data on the students. Monthly communication occurred between the case manager and the researcher. This information, along with the acquisition of the required special education forms, comprised the data collection procedure.

Findings: Tom

Assessment and Decision-Making Process

Table 6-1 summarizes the relationship of the activities in Tom's case to the model sequence described in Chapter 1.

Insert Table 6-1 about here

Referral. Tom's mother expressed her concerns about Tom to the school secretary prior to Tom's enrollment in the school. Her request for the retention of Tom in the fifth grade was discouraged, and Tom

was placed in the sixth grade. The written referral of Tom was submitted by his classroom teacher who noted both academic difficulties and immature behavior as reasons for referral. The major concerns of the referral were Tom's poor reading and spelling skills. The teacher did not note any interventions that had been attempted prior to referral.

The referral was forwarded to the principal, who scheduled the student's case for the team staffing. At the October 23rd staffing, Tom's background was discussed briefly by all team members, including the classroom teacher. Points of discussion included: (a) the recent death of Tom's father in a tragic accident, (b) the mother's reports of Tom's difficulties with reading and language since third grade, (c) the need for complete records from the school Tom previously attended, and (d) the teacher's observations of Tom's academic and behavioral characteristics. After this discussion, the team specified a need for language, psychological, and reading evaluations. The social worker was designated as case manager. The psychologist agreed to complete the "Parental Involvement: Referral and Assessment" form. Approximate dates for completion of the assessment noted on this form were October-November.

Tom's case was reviewed at four additional meetings before all evaluations were completed. At the October 30 meeting it was noted that testing had not been initiated because parental permission for assessment had not been received; the student had lost the form. (Although district procedure is for the permission slip to be mailed, this school relies on students to take the slips home and return them to the school.) The case manager then contacted the mother by telephone, and sent another Parental Permission slip home with the student. The permission slip for assessment was returned the next day.

At the next meeting (November 6) only the reading assessment and Tom's previous school records were available. Team members discussed these as well as Tom's current reading placement. The records from Tom's previous school indicated that he had received one hour of Title I service daily. In addition, the records indicated that Tom displayed silly, lazy, manipulative behaviors. It was noted that he often was "irresponsible, spending most of his time trying to get out of work."

His reading placement was then discussed. In the classroom, Tom was placed in a group that was at a level 1 1/2 years above his test score. The possibility of help from an aide was discussed. However, it was felt that such help might be demoralizing for a sixth grade student. It was reported that Tom enjoyed the Phoenix Reader and Open Highways Program. Tom's attitude toward school this year was reported as being more positive, perhaps because there was less harassment than in his previous inner-city school situation.

Finally, a team member asked what the team was accomplishing for Tom. It was determined that the testing permission slip had been secured, that involvement in a social group would be considered if the social worker received additional referrals, and that temporary aide help could be provided.

At the November 13 meeting, data from the psychologist's classroom observations of Tom were presented. First, however, a general discussion regarding Tom was necessary in order to refresh team members' knowledge of the reason for referral. Then, the psychologist reported that, based on her classroom observations, Tom had the ability to "work on-task but failed to complete tasks. Tom baited the teacher with inappropriate

attention-getting behavior; however, the classroom teacher handled this appropriately by ignoring Tom." At this point, concern was raised by the SLBP teacher regarding Tom's reading group and reading ability. Discussion ended with the decision that the principal speak to the classroom teacher regarding the reading program for Tom. Finally, the psychologist indicated she would test Tom during the next week.

At the November 20 meeting, discussion again centered on Tom's reading ability and placement. The lowest group in his classroom was reading fifth grade materials, and Tom was experiencing difficulty due to his grade 3.5 skill level (as assessed by the Woodcock Reading Mastery Tests). Psychological testing had not been completed; therefore, further discussion was deferred to the next staffing meeting.

The discussion regarding Tom was delayed longer than planned due to difficulties in completing the assessments. Student absences or an excessive testing caseload for the psychologist caused the delay. At the December 11, 1979 staffing, psychological test results were reported. It was at this meeting that all assessment data were available to team members.

Assessment. The assessment of Tom required approximately 13 1/2 hours, and involved the psychologist, speech therapist, nurse, social worker, and SLBP teacher. Table 6-2 summarizes the devices used and the personnel administering them.

Insert Table 6-2 about here

The SLBP teacher administered the Woodcock Reading Mastery Tests (Form A) and reported to the team (at the November 6 meeting) that Tom's

total score was 3.5. His weakest areas were in word identification and comprehension, while his best skill was in word attack. The SLBP teacher indicated that she felt Tom lacked necessary background vocabulary.

Observations of Tom in the classroom were conducted by the psychologist. She reported (at the November 13 meeting) that Tom had the ability to work on-task, but also that he "failed to complete tasks." She also reported on Tom's attention-getting behavior but indicated that it was being handled appropriately by the teacher.

The WISC-R and Bender were administered by the psychologist. Informal district reading tests were administered by the SLBP teacher. These data were reported at the December 11 meeting. The results of the language testing conducted by the speech/language clinician were not reported to team members. However, the clinician indicated to the research assistant that the results were communicated to the mother at a conference held regarding Tom's younger brother, who was in kindergarten. Speech and language services were not recommended for Tom.

Visual and auditory screening was conducted by the school nurse prior to the final review conference.

According to the district, a staffing occurs when assessment data are collected and team members have completed the "Description and Interpretation" form. In this school, information was shared as each team member completed his/her evaluation.

Additional meetings. Following the completion of all testing, Tom's case and the test results were discussed at the December 11 staffing meeting. The psychologist reported that "on the WISC-R Tom functioned within the lower end of the average range on the Verbal Scale, but within the low-average range on the Performance Scale." (Tom's birth-

date was corrected at the parent staffing. After rescoring, Tom's verbal ability indicated average functioning.) On the Bender, Tom demonstrated "drawing and integration difficulties." He also had difficulty holding his pencil as he applied extreme pressure. Other observations were that Tom does attend to and follow directions, that he likes feedback, and that he often has trouble understanding language. The SLBP teacher reported that the informal district reading tests that were administered supported the Woodcock score of 3.5.

As the meeting continued, the psychologist asked, "What can be done for Tom?" She prioritized her concerns as: (a) handwriting, (b) reading vocabulary development, and (c) word attack skills. The regular teacher wanted help for this student in reading, because he was functioning three years below grade level. Since there was evidence of perceptual handicaps as well as academic problems, the psychologist felt direct service was important. The SLBP teacher agreed that the student needed individual service. At this point, the social worker expressed concern that Tom had been referred nine weeks ago and nothing had been decided.

After it had been decided that Tom required direct services, discussion centered on who had time to provide such services. As Chairperson, the principal asked the team, "Who has time for this student?" The Title I teacher reported time was available; however, due to Tom's sixth grade placement, it was felt that SLBP service might be best, particularly if the student might need help in seventh grade. The SLBP teacher reported that time could be secured if another student was put on a monitoring status. The psychologist expressed anxiety about making a decision without the parent present. The social worker then requested a review of available options for Tom. At the end of this meeting the

team agreed (through the entire team's vote) that SLBP services were appropriate. The principal was to contact central office administration regarding the increased need for a SLBP teacher.

The IEP conference (December 19) was the next meeting held about Tom. Tom's mother, accompanied by a friend, met with the psychologist, the social worker (case manager), the SLBP teacher, and the classroom teacher. Test scores were presented by the psychologist, who stressed Tom's visual perception, fine-motor, and verbal abstract reasoning difficulties, coupled with a weak knowledge base and a three-year delay in reading. As the psychologist conveyed her findings, Tom's age was mentioned. A one year discrepancy was identified by the mother, which resulted in the rescoring of the WISC-R at the staffing. The meeting terminated after one hour with the decision to place Tom in SLBP in January. Parental agreement was obtained.

Determination of the specific services to be given to Tom was made at the first staffing meeting in January. It was decided that he would receive one hour of services daily, consisting of 1/2 hour direct service from the SLBP teacher and 1/2 hour indirect service involving modification and/or provision of classroom assignments. Level III service was indicated because "Tom needs daily support in the language arts areas to function adequately in classroom." A new SLBP teacher received the information on Tom. During the next two weeks she completed all forms, specifically the short-term objectives and long-term goals.

Long-term goals included improvement in reading skills and comprehension, spelling, and handwriting. Specific short-term objectives included a mastery criterion of 90% on sight vocabulary, daily drill work

on comprehension questions, 90% mastery of spelling words, and daily handwriting practice. Test data, both formal and informal, were used to determine the level of materials selected.

The necessary forms were compiled and sent to the Director of Special Education for final approval. Eligibility was approved.

On February 4, 1980, the SLBP teacher who was providing direct service to Tom met with his mother and explained the short-term objectives. Parental signature on the IEP was obtained.

A periodic review meeting was held in May. At this meeting, the SLBP teacher reported that Tom had made progress in reading, math, writing, and spelling, but that his progress was not as much as is characteristic of the average student.

Interventions

Tom began receiving one hour of services daily (1/2 hour direct services and 1/2 hour indirect services) in January. This was three months after the formal written referral was submitted. Planning for this service involved the classroom and SLBP teachers, who conversed daily regarding Tom's ongoing academic needs, necessary modifications and behavior. Test data, daily observation, review of daily work, and diagnostic teaching were used by these teachers in order to plan on a day-to-day basis. The major intervention involved teaching Tom reading and language arts skills with materials at his tested grade level.

The SLBP teacher also evaluated Tom's program by recording daily notes on his progress. This enabled the SLBP teacher to keep track of Tom's assignment completion as well as to ensure the appropriate use of work assigned in the classroom.

Difficulties in program implementation were encountered because of Tom's resistance to task completion. A checklist and ongoing written communication with the mother were used as techniques to assist Tom in completing tasks. Since Tom seemed to work best when monitored, the SLBP teacher had Tom work 45 minutes in her room, and used 15 minutes for indirect service. This change occurred in late February. All proposed interventions were implemented.

In providing interventions for Tom, the SLBP teacher was involved daily for one hour from January 9 to June 4, 1980, while the regular class teacher was involved 15 minutes daily. An additional 1/2 hour per week was utilized in teacher communication time. With the assessment time of 13 1/2 hours, and the conference time during and after assessment of 2 1/2 hours (all of which involved the psychologist, speech therapist, nurse, social worker, SLBP teacher, and principal), the total time spent on Tom's case was 156 hours.

In the fall, a comprehensive evaluation will be completed in order to plan for seventh grade. This academic evaluation will not include a psychological evaluation unless the two-year reevaluation date is indicated. Tentative plans for Tom include basic classes in seventh grade science, social studies, and math, as well as one hour of SLBP. The specifics of this program will be determined after the comprehensive educational evaluation. This was explained to the mother at the periodic review in May.

Parental Reactions

Open communication existed between the mother and the regular and SLBP teachers. Involvement existed through the regular school conferences, placement meeting, IEP meeting and periodic review. Given the number of meetings that occurred from January to May, contact occurred almost monthly.

Contact between the mother and school was considered supportive by both parties involved.

In a follow-up interview with the researchers, the mother stated that the IEP conference meeting was very general: "I saw his low reading scores. I've seen those for years. Of course, I agreed to the need for service." The mother indicated that she supported the school's desire to change Tom's behavior, particularly his lack of task completion. The mother explained her daily reading and writing work at home with Tom, the need for short, interspersed assignments for task completion to occur, and several of Tom's experiences in his previous school. The mother stated that she understood the IEP meeting to be a chance for the school "to get more input from me and to explain their reading comprehension program for Tom."

Perceptions from Tom's mother and teachers regarding their satisfaction with his program were obtained by the researcher at the end of the year. Tom's mother, although satisfied with the program plan, felt the major mistake was not retaining him. She felt Tom was still too immature for seventh grade but that she could not get her son retained because "they have 10 people at the school who must make that decision." The mother was particularly pleased with the regular classroom teacher's desire to obtain a good program for Tom in seventh grade. The team process was viewed positively by the mother, except that it "took a long time to get the program squared away."

Reactions of Others

The regular class teacher indicated he felt that Tom was receiving an adequate amount of resource help. He was very disgusted with the

bureaucratic decision-making process, stating that the "regular class teacher knows the student the best and should make the decision." In addition, he felt the paperwork involved caused less actual teaching time. His recommendation was for spending federal funds on good inservice of regular education teachers in how to teach low-functioning students.

The SLBP teacher indicated she felt that Tom could perform better in reading than his test scores indicated. She stressed that he needed to be taught at his appropriate level but did not require special methods or materials. She felt his progress would have been greater if he had spent the entire year in appropriate grade-level materials. His task completion improved when appropriate level materials were used.

The case manager was asked whether there was any additional information pertinent to the decision-making process for Tom that she could supply. Her reply centered on a description of how atypical this process was for the district. Evidently, the disposition of the case, particularly from referral to placement, was much longer than usual. In the case manager's words, Tom "fell through the cracks; time is usually not wasted like this."

Findings: Joey

Assessment and Decision-Making Process

The relationship between the activities in Joey's case and the model sequence (see Chapter 1) is presented in Table 6-3.

Insert Table 6-3 about here

Referral. Joey's case was actually a parent referral. Prior to Joey's enrollment in the school in November, his mother called the school

principal to inform him that Joey would be moving into the school district and that he had received special help in his previous school. The principal mentioned the telephone call at the November 6 staffing, the day before Joey was to be enrolled in the school. At this meeting, it was decided that Joey's previous school records should be obtained and reviewed by the team. The principal indicated that he would obtain parental permission for the release of Joey's previous school records. All team members indicated that they would review the records before the next staffing meeting which was scheduled for November 11.

The team also discussed the availability of services for Joey. Essentially, the referral question generated by the parents was "what kind of service are you going to provide to a student who has had 1/2 hour daily speech, 1/2 hour SLBP math in a small group, and one hour daily of language and reading services?" The question "Who has space for this student?" was posed. The GLD teacher stated that she did; however, she noted that the student had been considered as SLBP in his previous school. She questioned whether GLD service would confuse the mother and whether such a placement might violate a "requirement." Another team member suggested that the student "automatically" qualified under these conditions. The psychologist suggested that decisions be made after team members had reviewed the previous school's records and IEP for Joey.

Although the mother made the initial referral, the teacher submitted a written referral statement. This statement, which was entered on the school district's various forms in December, read: "Joey is unable to function adequately in the regular classroom in reading and other academic areas."

At the November 11 meeting, the SLBP teacher reported on information she had obtained in a telephone conversation held with Joey's previous case manager. (Joey's records from his previous school had not yet been received.) In his previous school, Joey had received one hour of daily individual help in the resource room for reading; he was in a math group of 13 students with a SLBP teacher; and he received language therapy four times a week for 30 minutes.

Information about Joey's background was reported also. The family had made four moves since Joey's birth, and three since he started school. At birth, Joey had a severe hearing loss, but this had been corrected. Parental referral was initiated in second grade, but no placement was made until fourth grade, when he received the special help described.

On the basis of her conversation with Joey's previous case manager, the SLBP teacher noted that Joey's ability to function in a fifth grade classroom was likely to be difficult due to his poor penmanship and his second-grade reading skills. Math was his stronger area and he generally functioned well within smaller classes. In terms of behavior, it was reported that Joey appears to be lazy, and that he procrastinates and daydreams. After this report, the SLBP teacher commented on the apparent wide discrepancy between Joey's functioning level and the level of fifth grade students in this school.

The staffing ended with the GLD teacher reporting that 1/2 hour daily service was available. The speech/language clinician stated she had only 1/2 hour per week available, noting that Joey was used to 1/2 hour per day. It was also reported that Joey's current classroom teacher expected services comparable to those provided to Joey in his previous school, and perhaps more.

At the November 20 staffing, discussion of Joey was deferred since his school records still had not been received. Informal testing was to be conducted in areas of reading, math, and spelling. The need for formal testing was discussed but deemed inappropriate due to the parental report that extensive testing had been completed during Joey's fourth-grade year.

Assessment. Permission for formal assessment was not obtained since none was to be conducted. Parent permission was obtained for the release of Joey's records from his previous school. This was done after the first meeting at which Joey's case was discussed on the basis of the parent referral. Permission was not obtained for the informal assessment that was done.

The review of assessment data from Joey's previous school required a total of 10.25 hours. The GLD teacher's informal assessment of Joey took 1/2 hour. The speech therapist also conducted an informal analysis of Joey's expressive language and administered the Carrow Elicited Language Test and part of the Detroit Test of Learning Aptitude.

Visual and auditory screening was conducted by the school nurse prior to the final review conference. This information was recorded on the "Description and Interpretation" form, which was shared with team members at the regular staffing. The "assessment" activities on Joey's case are summarized in Table 6-4.

Insert Table 6-4 about here

Additional meetings. Joey's records were available for the November 27 staffing and were discussed by the principal, GLD teacher, psychologist, speech therapist, social worker, and nurse. The records indicated that

Joey functioned well when "spoon fed." The results of the informal testing were reported as confirmation of the information on Joey's performance from his previous school.

Joey's current classroom teacher reported that he felt special education placement was necessary. His feelings were:

Joey is grossly behind in all academic areas. He is immature, babyish, restless, daydreams, and is difficult to motivate and keep to a task. His parents have moved quite frequently during the past year or two. Evaluations and tests have confirmed his need for special instruction in the areas of academics and speech. He has been scheduled for speech and special instructional help, but I would strongly suggest that he be enrolled in a much smaller class than the one that he is in (30 students in this class). Also, he needs to be with a peer group with similar needs and a specialist in remedial instruction should be responsible for his continuous educational program. Joey's needs are great, and time is of the essence.

(These feelings were expressed as above in writing on December 16.)

The GLD resource teacher disagreed with primary special education placement since "Joey has good qualities, needs to be challenged, and would lose out socially." His math skills were reported to be near grade level, as evidenced by his ability to work in the low third-grade group. The class teacher responded that Joey needed one-to-one instruction. The GLD teacher suggested that she might see Joey in the late afternoon for 1/2 hour. She also said she would provide appropriate level assignments for his morning work. The use of an aide was suggested and agreed upon.

The principal mentioned that the mother is expecting service, adding that the mother is aware of her rights. The GLD teacher reported that she had explained to the mother that Joey's new school could not provide as much service as his previous school. According to the GLD teacher,

the mother's primary concern was for the school to be aware of and challenge Joey. The principal again stated his concern about parental rights. The speech/language clinician suggested that she see Joey one hour per week. Again, the classroom teacher requested a special class. The response from the psychologist and GLD resource teacher was "Let Joey try regular and see what happens. The special classes have really low kids and Joey has more skills." At the conclusion of this meeting the team decided to provide GLD resource help daily, speech therapy three times per week, and mainstream spelling (4th grade) and math.

The following week, the GLD teacher and regular class teacher met with Joey's parents to write the IEP. The IEP stated that Joey would receive Level III service, at least 30 minutes daily for reading help.

On December 3, the parents met with the speech/language therapist and agreed to service of one hour weekly because his total communication needs could not be fully met within the classroom setting. Service began for both resource and speech help on December 3.

Specific short-term objectives were added to the IEP, using the results of the informal testing completed by the GLD resource teacher, as well as the information from Joey's previous school. The objectives concentrated on skills necessary for 85% successful completion of the 2nd basal reader. An objective was written for task completion and daily handwriting practice. The least restrictive alternative statement indicated that Level III resource help is provided for Joey, "who is functioning at a lower level than fifth graders and thus needs individualized instruction in reading at a 2nd level and math at a third-grade level."

Parents returned the signed IEP on December 15, 1979. Although service began on December 3, official placement occurred in January after the completed forms were sent to the Director of Special Education for the eligibility decision.

At the December 11 staffing, it was reported to the team that the GLD and classroom teachers had met with Joey's parents. His math was being closely monitored since he was the lowest in the low group. If a change needed to be made, the GLD teacher would assume the responsibility. Other services were progressing. Review of Joey's math program was scheduled for the January 10 staffing. This was deferred until January 17, at which time it was determined that Joey's math placement should continue in the mainstream low group. The GLD teacher, who was the case manager, continued to monitor Joey's functioning in math, recording her observations on the Pupil Staffing Report forms. She was uncomfortable with his program; therefore, in February, parent permission to administer the Key Math Diagnostic Arithmetic Test was obtained in order to assist in planning.

In February, the parents attended the usual school conference. They were very upset and confused regarding Joey's report card, specifically the grading procedures. His progress was being measured against expectations of the fifth grade class, rather than against the short-term objectives written for Joey. Again, the classroom teacher verbalized his concerns for Joey. He felt Joey was doing unsatisfactorily in many academic areas, particularly reading and writing, and that he displayed poor work habits and a short attention span. At this meeting, the GLD teacher reported that Joey was doing satisfactory work within the resource room.

At the next team staffing, Joey's school conference was discussed. As a result, an aide was assigned to monitor classroom teacher assignments and to assist Joey. The classroom teacher also requested that Joey be given an extra 1/2 hour daily in the resource room. The resource teacher agreed on the condition that the regular education teacher send along work for Joey. Since the classroom teacher did not follow through on this, the program change was never made.

Interventions

Twelve hours per week of direct service time were provided to Joey. The major interventions were classroom work in spelling and reading at his appropriate skill level, resource room help 1/2 hour daily, speech/language one hour weekly, and on-going communication with the parents and GLD resource teacher. Two planned interventions were not implemented. In math, the GLD resource teacher had hoped that an individual program would be implemented for Joey since his previous school had designed such a program. Due to lack of communication between the classroom teacher and the special education department, Joey remained in the low math group with the regular curriculum and "did fine." The lack of communication was in part due to the special education teacher being assigned to the school only in the afternoon. The other planned intervention, increased time in the resource room, was not implemented due to lack of cooperation by the classroom teacher.

The day-to-day programming for Joey was the responsibility of the GLD resource teacher for reading, language, and handwriting. Spelling and math were the responsibility of the mainstream teachers. The regular

classroom teacher, who strongly felt that Joey should be in special education placement, was responsible for curriculum modification of assignments within art, science, and social studies. According to the regular classroom teacher, modifying was particularly difficult because he felt Joey was a "really severely handicapped youngster." A classroom teacher must know "how to communicate with him. He needs everything step by step."

Joey's final evaluation on formal testing revealed math at the 5.2 level, reading at 3.2 to 4.1, spelling at 4.0, and grade appropriate handwriting. His greatest gains were in the ability to handle reading, spelling, and handwriting assignments independently. The GLD resource teacher felt Joey's gains in test scores for math, reading, and spelling were fairly good, given the lack of cooperation by the regular class teacher and the fact that tutoring resource help had to occur during the last half hour of the school day.

Partially as a consequence of the parents' concerns about the services their son received, plans for the 1980-81 school year include teacher selection, preconference with the teacher and parents, increased resource room help to one hour daily, and similar speech/language services. Joey will continue in his mainstream spelling and math groups. In addition, he will partake in a social skills group to be coordinated by the social worker. It was reported that increased services are available because the student is currently in the district rather than entering mid-year.

Parental Reactions

According to the parents, they had cooperation from the GLD resource

teacher, but found the regular classroom teacher lacking in understanding of their son's needs. Phone contact between the parents and the GLD resource teacher occurred at least once a week and often twice weekly after the IEP meeting. The parents reported that they understood that the purpose of the IEP meeting was to plan the program and for the school to explain the type of help available for Joey. They felt the classroom teacher chose not to modify the program or try to understand their son, but rather spent his time suggesting the need for full-time special education placement. (The GLD teacher accompanied the parents on a visit to Level IV special education placements within the district. Both the parents and GLD resource teacher felt the children placed in these programs were lower functioning than Joey.)

In interviews with the researcher, both Joey's parents and the GLD resource teacher indicated that the district lacked available services to meet Joey's programming needs. The parents felt that the district needed a program for mildly handicapped students who "learn slower."

In an interview with Joey's classroom teacher, the teacher indicated that Joey demanded too much attention, which meant that other students were shortchanged. "I must put in excessive effort for Joey, and get minimal results. I recognized Joey's problem immediately, but the state requires restrictive processing to get state aid to service Joey. This takes a lot of time." In addition, the teacher commented that expectations were great for Joey, his learning rate was slow, and the spread between Joey and his classmates was 2 1/2 years now, but will be greater in the future.

The parents' frustrations with the process in the school were related to the poor selection of programs within the new school, the slow communication that existed between the schools, and the apparent regular vs. special education disagreement on how to serve their son. The pressure felt by Joey from his regular classroom teacher was evidenced, according to the parents, by Joey's increased bed wetting. "Our confusion is that we've been told he needs structure. However, he goes to one room for speech, one room for resource, and one room for classroom instruction. If he could have one teacher to provide assignments he could do, we think he'd learn," stated Joey's mother. The parents described their son's year as a "love-hate" relationship between regular and special education.

Discussion

The assessment and decision-making processes for both Tom and Joey were complex and time consuming. In Tom's case, nine formal meetings were held after he was referred to determine his eligibility and place him in a program. In Joey's case, six formal meetings and numerous informal meetings were held before he was placed in a program.

The process in both cases was different in several ways from the model sequence (see Chapter 1) and apparently even from recommended practices in the school. Fifteen separate activities occurred in Tom's case; these combined some of the model steps and separated others. For example, review of assessment results, eligibility determination, and placement decision all occurred during one activity, while assessment was separated into three activities because of the interspersed meetings held to

review the results as they were obtained. No pre-referral interventions occurred in Tom's case. Further, the proposed program was implemented before parental permission for placement was obtained (on the IEP form).

In Joey's case, 11 separate activities occurred during the assessment and decision-making process. As in Tom's case, some of the model steps were combined in these activities. The proposed program was implemented before parental permission for placement was obtained.

This discussion of the decision making in this suburban school addresses four issues. First, both students had experiences in several other schools prior to their enrollment in this school. Since their academic difficulties were apparent in other educational settings, the parents were accustomed to "a certain kind of services." The transfer to a new school was particularly confusing to Joey's parents. Joey's transfer resulted in less direct teaching hours per week from the special education department as well as less individualized planning within the area of math. In Joey's case, a shift in categorical label from SLBP to GLD also occurred. Had the GLD resource teacher not taken the time to communicate the new school's policy in providing resource room help, the parents would have been additionally confused regarding their son's academic difficulties. Therefore, this case illustrates the lack of consistency between school districts in labeling practices, amount of time provided, and who provides the service.

A second issue, that of bureaucratic procedures, was observed and verbalized by both school personnel and parents. The extensive paperwork was highlighted in the numerous forms necessary to make an eligibility decision on each student. During each staffing, members questioned which

form was to be used for a specific procedure. Team members, despite their contact for over two years, appeared to be uncertain with some mechanical procedures. Team members were very concerned about the length of time it was taking to process these two students. In Joey's case, transfer of school records caused some delay. In Tom's case, the need for parental agreement for assessment caused delay. It is important to note that a greater delay would have occurred had written rather than verbal IEP agreement been necessary. Joey's regular classroom teacher summarized this delay by stating, "The teacher recognizes the problem immediately but the state requires extensive processing before giving state aid. The process is too complicated and restrictive."

A third issue was illustrated by Joey's parents' comment about a "love-hate" relationship between regular and special education. The regular and special education teachers were able to communicate and coordinate efforts on behalf of Tom, but created conflict and less service (resource room time) for Joey. Although the working relationship was cooperative in Tom's case, it is important to emphasize that the regular education teacher was concerned. During an interview with the researcher, he indicated that the structure of the law was poor. He explained, "The teacher [regular] knows the child and yet decisions are made by specialists." He felt strongly that students were lost in the special education paperwork, resulting in less teaching time for the student. He went as far as proposing the elimination of current special education services, substituting in-service training that would re-educate the classroom teacher to work with low functioning students. Another problem related to this issue is that of curriculum modification. In Joey's case, the regular

class teacher was responsible for modifying social studies and science assignments. Given the verbalized need for inservice training, is it possible that the regular class teacher felt unprepared to handle the assignment of curriculum modification within science and social studies? Is resistance between regular and special education personnel a function of lack of communication, knowledge, and involvement in the decision-making process?

Finally, although both cases ended in services for the students, dissatisfaction was expressed by either school personnel and/or parents. Repeatedly, paperwork, amount of teaching time, communication between school personnel, and student's learning rate was mentioned as frustrating to school personnel. The parents mentioned availability of services, the need for a mildly-handicapped program for Joey, and the need for retention for Tom.

CHAPTER 7

Conclusions

Phyllis K. Mirkin

The diagnostic process is always a consequence of somebody saying that someone has something wrong with him. We put it this way because frequently it is not the individual who decides to initiate the process. This is the case with children, but there are also times when adults are forced by pressure from others or by legal action to participate in the process. In all of those instances, people individually or society in general communicate four ideas: something may be wrong with someone; our lives are being affected; we should find out the source of the trouble; and we should come up with solutions to alter the individual's status and allow us to experience our lives in the ways we wish. (Sarason & Doris, 1979, p. 16)

Current knowledge of the assessment and decision-making process in special education for the purpose of classification, placement, program planning, and evaluation is based largely on anecdotal reports by those who have participated in the process. Where naturalistic observation has been employed, only some aspects of the sequence (e.g., placement team meetings) have been studied in any detail, with little regard for the procedures that may have preceded or followed. After a careful review of the literature it was concluded that little is known about the nature of the total assessment and decision-making process as it exists in the natural setting. What is known suggests that we are still in a rather primitive state with respect to the development of a decision-making system that is reliable and valid both within and between schools and school systems.

The current study used naturalistic observation and a longitudinal framework to follow seven students from the point of initial referral for special education assessment to the time when an educational program was implemented or a decision was made not to provide service. The purpose of the study was to provide a comprehensive description of the sequence and direction of assessment activities and procedures across time and settings and to document the effect of this process on students' programs and parents' attitudes.

Although it is difficult to generalize from the seven cases followed in this study, the observations do provide a valuable description and perspective of the current state of the art in special education assessment and decision making. Further, the observations provide some direction for improved practice.

What Have we Learned?

Among the questions that the study addressed, the following are of particular interest:

- (1) To what extent is there a typical decision-making model that can be used to compare events across settings and that provides the occasion for substantive as well as procedural decision making?
- (2) What consistency exists, if any, in
 - (a) the criteria used to determine eligibility,
 - (b) the amount of time spent in completing the process,
 - (c) the assessment instruments used, and
 - (d) team functioning?
- (3) To what extent do students who are referred for evaluation benefit from the process?

- (4) What understanding do parents have of the purposes of the assessment/decision-making process and what is their degree of satisfaction with its outcome?
- (5) What is the end result of the process for teachers?

Some observations with respect to each of these questions are addressed in this chapter.

The Decision-Making Model

In each of the seven cases in which observations were conducted, a majority of the steps in the decision-making model shown in Table 1-1 were observed in operation. It would appear, however, that although each school implemented the procedural requirements specified by PL 94-142, considerable variation existed in the extent to which these requirements were used as an opportunity for substantive decision making (cf. Deno & Mirkin, 1979).

Merely counting the number of steps that took place or the extent to which mandated procedures occurred might lead to the conclusion that the decision-making process was operating to produce substantive programs for students. In Marilyn's case we see an example of a team that adhered in principle to the procedures in the decision-making model. Yet, these procedures did not appear to produce a program for the student that was more effective than what she had previously received through Title I. Instead, the net result was a loss rather than an improvement of services, a situation that was subsequently rectified without team approval.

The disposition of referrals for Tony and Doug, both first graders, in different schools and school districts, provides further evidence of the difficulties inherent in using a decision-making model to compare

events across settings without attending to the substance of these activities and their outcomes. One might hypothesize that the team that complied more closely to the decision-making model (see Table 1-1) would produce results that would be of greater benefit to the student than a team that operated more informally and perhaps arbitrarily. Tony's team exhaustively reviewed the referral problem, conducted extensive assessments and meetings to determine whether he was eligible for special education services. Doug's team "streamlined" all but the initial step in the sequence (referral review) into one meeting that took less than one hour. The outcome for Doug, however, may be more substantive than the outcome for Tony. Both students were experiencing difficulty in school, yet one student (Doug) was provided with a program that served directly to remediate skill deficiencies necessary to progress through the curriculum, whereas the other student (Tony) continued to receive a somewhat larger dose of a previously developed program. One probable explanation for the difference in the service available to Tony and Doug was the imposition of different criteria for eligibility. In Tony's case, while not explicitly stated, a severe discrepancy between intelligence and achievement was a requirement for LD service: in Doug's case, eligibility was determined by the extent to which the student had mastered the basic school program. Therefore, despite academic difficulties of a similar nature, the imposition of different criteria for eligibility resulted in different outcomes.

Eligibility Criteria

Our observations revealed as many different criteria operationalized as there were school districts. This lack of consistent practice between

school districts suggests that the decision to declare a student eligible for service, as well as the amount and type of service provided, may be entirely situation specific. The assessment and decision-making processes observed in the cases of Tom and Joey provide excellent examples of this point. Both students previously had been served in other districts, Tom in a Title I program for one hour a day and Joey in a Special Learning and Behavior Problem (SLBP) resource program for a similar time period. Referrals at their current schools both were initially prompted by parental contacts. Joey's mother wished to obtain service for her son that was commensurate with the service he had previously received; Tom's mother, concerned about his poor performance, wanted him to be retained in fifth grade. The criteria for eligibility and placement procedures in effect at their new schools resulted in a shift in categorical label for one student, and a reduction in direct individual instruction for both students.

Clearly Joey's change in status cannot be attributed to the move across the town. Rather we must acknowledge the differences in the criteria used to establish eligibility and to determine service provision. While we are not aware of the procedures used to establish Joey's "learning disability" originally, we know that in his current school the ability to accommodate the student in the regular class and the availability of services were the primary determinants of eligibility and the level at which services were provided. Were these students to be referred at another school, it is highly probable that a different outcome would result.

Time Spent in the Assessment Process

Our observations suggest that there is considerable variability in

the amount of time devoted to the assessment process. Estimates for testing alone ranged from 4 1/2 hours (Doug) to 13 1/2 hours (Tom). When meetings of the team, interviews with parents, and paper work are added, and multiplied by the number of team participants, time estimates for completing assessments range from a low of nine hours (Doug) to 156 hours (Tom). Using these figures and current hourly rates for professional services we estimate the cost of assessment alone for Tom to be over \$3,000. Is the time and financial expenditure warranted? This is an extremely difficult question to answer given our current inability to precisely determine the parameters of a good decision. We are able to examine the extent to which there appear to be any substantive differences in the benefits that accrue to Tom compared to those that accrue to Doug. Using these criteria, we would have to conclude that at best the benefits are no different and that the scale of benefits may well be tipped in Doug's favor. The process of declaring Tom eligible for service took three months, during which time Tom experienced continuous failure in his regular class placement without the benefit of services that had been available to him prior to referral. Doug, on the other hand, was assessed, declared eligible for service, and placed in a program designed to remediate his skill deficiencies within a few weeks of referral. We are forced to question the extent to which in some instances we are providing students with "more process than is due" (Reynolds, 1975).

Assessment Instruments

As has been found in other research (Thurlow & Ysseldyke, 1979, 1980), the current observations revealed enormous variation in the number and type of assessment devices selected to evaluate students. There was

not a clear correspondence between the presenting problem and the devices selected. Rather, the criteria for eligibility appeared more influential. Thus, in those districts where a definition of a severe discrepancy between ability and achievement prevailed, devices that assessed IQ and achievement were implemented. In those schools where eligibility was determined by mastery of the school curriculum, informal inventories that assessed skill mastery were employed. In those instances where the definitional criteria were less precise, more tests were used. The latter approach resembles what some have called a search for pathology (Sarason & Doris, 1979); throw out a net and see what can be caught! The availability of specialized personnel also seemed to affect the quantity and type of assessment data collected. At Tom's school, a speech therapist, nurse, psychologist, social worker, and SLBP teacher were all available to conduct assessments. At Doug's school, only the teacher participated in the data collection process. Tony was assessed using 13 different procedures administered by five different people. Bert was exposed to more than two days of exhaustive medical as well as intellectual, perceptual, and educational assessment. Lacking any findings to corroborate an ability-achievement discrepancy, Bert was declared ineligible for service despite continued evidence of problem behavior in the classroom.

In only one of the cases that we observed (Doug) was there any evidence that the assessment devices were useful in pinpointing specific problem behaviors or in providing direction for program planning. In all other cases, the data were used to make inclusion and exclusion decisions. The practice of assessing students only for this purpose must be seriously questioned (cf. Ysseldyke & Mirkin, in press).

Team Functioning

Multidisciplinary team decision making is mandated as part of both the "Protection in Evaluation Procedures" provision and the "Due Process" provision of PL 94-142. The law does not specify team decision-making procedures, with the obvious exceptions of ensuring parents a number of rights, including, for example, the right to be represented by counsel, to subpoena witnesses, and to be given a verbatim transcript. Thus, team procedures have evolved functionally rather than by mandate or based on empirical evidence.

Therefore, it was not surprising to find that the teams we observed had each developed their own style and modus operandi. The idiosyncratic nature of the decision-making process was evidenced by, among other things, the variability in the organization and composition of the teams, the number of steps in the decision-making process, the attention given to clarification of the referral problem, the types of assessment instruments selected, the time devoted to assessment and discussion of assessment, the extent to which eligibility criteria were imposed, the degree of participation of classroom teachers and parents, and the extent to which decisions were actually made, rather than just formalized, at the meetings that were conducted.

In our observation we found that some teams appeared to be actively involved in the direction of the assessment, the determination of eligibility, and program planning for eligible students. Team members used the meetings as an opportunity to share information, examine alternatives, and discuss options that might be appropriate for the student. These teams created the impression that the decision was theirs to make and

that they had considerable discretion in setting standards for eligibility and developing programs.

In contrast, other teams appeared indecisive, expressing lack of clarity as to the purpose of their activities. Concern over internal constraints such as availability of service was often overriding and permeated the decision-making process, with less attention given to the potential effect of the decision on the interested parties (i.e., student, classroom teacher, parents). In one case (Doug), we observed a team that did not appear to "trust its own judgment" and shifted responsibility for decision making to an outside agency. Differences emerged in the consistency with which the same team implemented established procedures contingent upon the complexity of the problem or the lack of specificity regarding the nature of the problem or the reason for referral (Joey, Tom). Faced with nonrepresentative or nonspecific referral problems, a sense of frustration and/or confusion prevailed with the result that the student and his or her teacher were caught "in the middle" or, as one teacher observed, "the student was lost in the paperwork and the bureaucratic procedures" that surrounded the decision-making process.

In each instance we observed school-based teams trying to serve children, parents, and teachers as best they could within the specified guidelines and services available. What is at issue, however, is the extent to which the children whose cases we observed benefited from the process? What was the result of the process for other interested parties such as parents and classroom teachers?

Benefits to Students

In a majority of the cases observed, the process did not result in

a substantive change in program or services for the student. In several instances, however, positive benefits did accrue to students. These included more frequent school-home contacts, a greater degree of parental involvement in remedial instruction, counseling, increased tutoring services and use of volunteer aides, and closer monitoring of student progress. It is unlikely that these would have occurred had the student not been called to the attention of the decision-making team.

In contrast, the decision-making process seemed to have produced negative outcomes for students who experienced a loss of other services (i.e., Title I, Marilyn) or an abrogation of school responsibility for management of their program (Bert). In the latter instance this was particularly vexsome since the classroom teacher was particularly responsible, cooperative, and willing to implement any program that would have been recommended.

Those students for whom a substantive change in program was implemented also did not always benefit equally. The time-consuming nature of the decision-making process resulted in inordinate delays in service for students who had previously been declared eligible for programs in other school districts. Only one student (Doug) seemed to emerge from the decision-making process unscathed and with a program that appeared to be tailored to meet his individual needs.

The parallel nature of the referral problem in several of the cases that were observed and the substantive differences in outcome once again highlight the situation-centered nature of the process as it was implemented in these school districts.

Parental Reaction

Regardless of the outcome, the prevailing attitude of the parents who agreed to be interviewed by the observers was one of support for the schools' efforts to provide appropriate programs for children. Parents commented favorably on the general competence of the professional teams and the schools' willingness to make changes that would benefit children, as well as on the general good will and skill demonstrated by the school staff. Although several parents felt that the process was too long and took too much time, even those parents expressed generally favorable opinions about the final outcome. The one comment that could be interpreted as criticism was the concern articulated by one parent that suggested that her child had gotten caught in a "love-hate relationship between regular and special education." These observations are of particular interest in light of observer comments that indicated that parents often seemed to be at a loss when test results were explained, that they seemed vague about what had been recommended, and that they often did not seem to understand fully the meetings' purposes and outcomes. It was also noted that parents generally were not included in information sharing and decision-making activities, but instead were invited to attend meetings at which a previously made decision was reviewed.

One possible reason for this discrepancy may be that parents were more attuned to the process characteristics of decision making than to substantive outcomes. Schools often have created the impression that referrals are the result of the child (and therefore the parents' problem), rather than the result of a more complex interaction between the child, the teacher, and the school and home settings. This hypothesis seems

to be borne out by the willingness of parents to accept the school decision and the relief they felt when the child was declared ineligible. They seemed willing to assume the responsibility for providing remedial and support services at home without questioning the extent to which these services should more appropriately be offered at school. When children were declared eligible for service, again parents seemed to accept the categorical designation for their child, as well as the program plans, without much challenge or input.

Teacher Benefits

It is more difficult to assess the effect of the decision-making process on teachers. At the conclusion of the review, the classroom teacher in almost all cases still retained primary responsibility for coordination, planning, and implementation of the referred student's progress. This outcome was viewed with concern by several of the teachers. They perceived their responsibilities to the referred student as a tremendous effort in extra time and energy, often with minimal results. One teacher noted that "the classroom teacher knows the student best and should make the decision." It was also argued by this same teacher that the time and money invested in decision making might be used more effectively to train regular classroom teachers to work with low-functioning students - a point not entirely without merit. The adversarial relationship that surfaced in one case between regular and special education also revealed the need for further staff training in the development of a mutual support structure. In several instances although the problem that precipitated the referral was not ameliorated, teachers appeared

reluctant to request further information or help from the team. The teachers viewed the decision as "irreversible" and the problem presented by the student as one they would have to resolve independently or ignore.

These opinions were not uniformly held by all teachers. In some schools, the faculty appeared to work cooperatively and successfully to resolve problems and support students and teachers. Also observed in some cases were contacts between classroom teachers and parents that elicited very favorable reactions from parents.

Parents did express surprise, however, that so little of the team meeting was devoted to a discussion of classroom performance. Observers also noted that very little time was taken to use assessment data to make decisions about classroom management and instruction. Advice to teachers was given incidentally or indirectly.

These observations are consistent with other information gathered in this study. The primary decision-making role of the teams appeared to be one of determining eligibility rather than one of cooperative problem solving for the purpose of developing strategies to more effectively serve children and teachers. Teams should not be faulted, however, if they adopt this view. They are attempting to operationalize their role as it has been mandated under the Federal guidelines. When classroom problems arise, the special education option is often the only alternative to the regular class program.

Research is needed to determine whether alternatives to current practice can be developed to more effectively serve all students and teachers. Under the present circumstances, some teacher, parent, and even child dissatisfaction is inevitable, just as it is in other circum-

stances where decisions are made. The dilemma in special education, however, is further exacerbated by the current uncertainty regarding what constitutes a good decision. Perhaps we can be more successful if decisions to provide special education services are based on functional rather than arbitrarily derived definitions. One model that needs to be tested for its efficacy stages the referral process to include pre-referral review and implementation of classroom strategies and modifications, more intensive in-class small group instruction, individual in-class instruction, etc. Children who, despite these modifications, continue to demonstrate little or no growth in achievement over a period of time are then referred for more intensive instruction and evaluation, in a more specialized setting, to determine whether an appropriate program can be developed.

Other alternatives include intensified and systematic monitoring of student achievement in the classroom with the decision to refer students based on school-defined expectations for achievement, rather than teacher judgment of problem behavior. Some of these alternatives are currently under investigation. The results should provide some interesting information for future practice.

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Footnote

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Table 1-1

Model of Steps in the Assessment and Decision-Making Process

Step	Description
Pre-referral interventions	Changes are made in the classroom environment or teaching techniques to avoid the need for referral.
Referral	Someone initiates a request that the student be evaluated to determine the need for a modification in current educational programming.
Review of referral	One person or group of persons formally decide on the appropriateness of the referral, whether the problem can be dealt with in the classroom, and whether it requires further action.
Appoint assessment team	Specific individuals are assigned specific responsibilities for collecting information on the student.
Parental permission to assess	Parents are requested to provide their permission for the proposed assessment of their child.
Assessment	Data are collected on the student for the purpose of making educational decisions.
Review of assessment results	Team members meet to discuss their results and decide whether further assessment is necessary.
Eligibility determination	Team members decide whether the student meets the eligibility criteria for special education services.
Contact parent after assessment	Parents are notified of the assessment results. If the child is eligible for services, parents are informed of the date of the IEP meeting.
Develop IEP	Team members, including parent or authorized representative, meet to formulate an individual education program (IEP) for the student.
Placement decision	Decision is made as to what program of services to provide the student.
Parental permission for placement	Parents are requested to give approval to the proposed plan of services.
Develop strategies to implement IEP	Those persons responsible for carrying out the IEP, or others requested by them, develop instructional strategies to accomplish the IEP goals.
Implement program	The program placement and instructional plan outlined in the IEP are initiated.
Progress evaluation	The student's progress in the program is evaluated to determine whether changes are needed in the placement or instructional plan.

Table 2-1

Relationship of Sequence of Activities in Tony's Case to the Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	-	No specific pre-referral interventions occurred.
Referral	1	Made by Tony's teacher for academic difficulties. Form 1 was completed.
Review of referral	2	Done by Child Study Committee; evaluation was recommended. Form 2 was completed.
Assessment team appointed	3	The assessment areas specified on Form 2 determined the personnel who would be involved in assessment. These individuals were listed on the form.
Parental permission to assess	4	Sent to student's home following meeting of Child Study Committee. Mother signed and returned form to school.
Assessment	5	Conducted by five individuals using 14 devices or procedures.
Review of assessment results	6	Done at Compilation Conference, along with eligibility determination and placement decisions.
Eligibility determination	6	Done at Compilation Conference by considering each possible placement and evaluating eligibility for it.
Contact parent after assessment	7	Mother given assessment results at Parent Meeting. Members completed and signed Form 2A (original Assessment Compilation).
Develop IEP	-	Not developed because Tony was declared ineligible for special education services.
Placement decision	6	Placements in LD and EH programs were considered at Compilation Conference, but were rejected because it was determined that Tony was not eligible for either.
Parental permission for placement	-	Not obtained because placement not made.
Develop strategies to implement IEP	-	Not developed because Tony was declared ineligible for services.
Implement intervention	8	Although declared ineligible for special education services, Tony was provided a tutor in academic subjects (30 minutes, 4 times per week) and became a member of a small support group led by the counselor (30 minutes, once per week). These non-special education services actually began before the ineligibility determination was made.
Progress evaluation	-	No specific progress evaluation occurred. However, it was planned that Tony would be re-evaluated in the fall.

Table 2-2
Evaluation of Tony: Assessment Devices and Personnel

Personnel	Devices	Time ^a
School Psychologist	Stanford-Binet Intelligence Test	1.5 hrs
	Wide Range Achievement Test	
	Bender Visual-Motor Gestalt Test	
SLBP Teachers (2)	Slingerland	5.8 hrs
	Detroit Test of Learning Aptitude	
	Peabody Individual Achievement Test	
	Informal (work samples)	
	Developmental Test of Visual-Motor Integration	
	Interviews (teacher, tutor)	
	Developmental Test of Visual Perception	
	Boehm Test of Basic Concepts	
Speech Clinician	Interviews (teacher, Tony)	0.1 hrs
Counselor	Interview	1.0 hrs
	Small group session	

^a Each time entry is the total time spent in assessment by the person in the first column.

Table 3-1
Relationship of Sequence of Activities in Susie's Case to the Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	-	No specific pre-referral interventions occurred.
Referral	1	Made by Susie's teacher for behavior and academic problems.
Review of referral	2	Done by building special ed team; assessment was recommended.
Assessment team appointed	2	Done by building special ed team when assessment was approved.
Parental permission to assess	3	Written parental approval obtained.
Assessment	4	Conducted by three individuals using six devices or procedures.
Review of assessment results	5	Done at Educational Planning Conference with parents present.
Eligibility determination	5	Done at Educational Planning Conference by considering whether Susie was learning disabled.
Contact parent after assessment	5	Parents given assessment results at Educational Planning Conference.
Develop IEP	-	Not developed because Susie was declared ineligible for special education services.
Placement decision	5	Placement in LD program was considered at Educational Planning Conference via question of whether Susie was learning disabled.
Parental permission for placement	-	Not obtained because placement not made.
Develop strategies to implement IEP	-	Not developed because Susie was declared ineligible for services.
Implement intervention	-	No interventions were implemented although advice was given to Susie's parents and teacher.
Progress evaluation	-	No specific evaluation of progress was planned.

Table 3-2
Evaluation of Susie: Assessment Devices and Personnel

Personnel	Devices	Time ^a
Speech Clinician	Illinois Test of Psycholinguistic Abilities	3.5 hrs
	Beery Buktenica Developmental Test of Visual-Motor Integration	
SLBP Tutor	Reading screening test	5.5 hrs
	Peabody Individual Achievement Test	
	Key Math Diagnostic Test of Arithmetic	
School Social Worker	Interviews (parents, Susie)	2.5 hrs

^aEach time entry is the total time spent in assessment and meetings by the person in the first column.

Table 3-3

Relationship of Sequence of Activities in Bert's Case to the Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	1	Several modifications in the classroom environment were made by Bert's teacher on the basis of behavioral observations.
Referral	2	Made by Bert's teacher primarily for behavior difficulties that also interfered with academic progress.
Review of referral	3	Done by special ed team; assessment recommended. Assessment by outside agency was "suggested" to parents.
Assessment team appointed	3	Done by special ed team when assessment was approved.
Parental permission to assess	4	Written parental approval obtained.
Assessment	5,7	Conducted by school (2 individuals using 5 devices) and outside agency.
Review of assessment results	6,8	School results reviewed with parent and agency representative at first Educational Planning Conference; no decisions made. Agency results reviewed at second Educational Planning meeting; eligibility decision was made.
Eligibility determination	8	Done at second Educational Planning Conference by considering whether Bert was learning disabled.
Contact parent after assessment	5,7	Parents given assessment results at both Educational Planning Conferences.
Develop IEP	-	Not developed because Bert was declared ineligible for special education services.
Placement decision	8	Placement in LD program was considered at Educational Planning Conference via question of whether Bert was learning disabled.
Parental permission for placement	-	Not obtained because placement not made.
Develop strategies to implement IEP	-	Not developed because Bert was declared ineligible for services.
Implement intervention	-	Bert's teacher assumed responsibility for deciding upon and implementing interventions. Little direction was provided by assessment and decision-making process.
Progress evaluation	-	No specific plans for progress evaluation were made.

Table 3-4

Evaluation of Bert: Assessment Devices and Personnel

Personnel	Devices	Time ^a
Speech Clinician	Illinois Test of Psycholinguistic Abilities	
	Beery-Buktenica Developmental Test of Visual-Motor Integration	5.5 hrs
	Benton Visual Memory Test	
	Goldman-Fristoe-Woodcock Test of Auditory Discrimination	
SLBP resource teacher	Slingerland	3.5 hrs

^a Table includes only those devices and personnel involved in assessment at the school. An outside agency also conducted a 1 1/2 day assessment involving sensory screening, pediatric and neurological exams, intelligence, achievement, and projective personality testing, and classroom observation.

^b Each time entry is the total time spent in assessment and meetings by the person in the first column.

Table 4-1
Relationship of Sequence of Activities in Doug's Case to the Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	-	No pre-referral interventions occurred.
Referral	1	Made by Doug's teacher for academic difficulties.
Review of referral	2	Done by screening committee; evaluation recommended.
Assessment team appointed	2	Screening committee specified that Doug should be assessed by SLBP teacher.
Parental permission to assess	3	Obtained by school social worker over phone then in writing.
Assessment	4	Conducted by one individual using three devices.
Review of assessment results	5	Done at Educational Planning Conference, along with eligibility, IEP, and placement decisions.
Eligibility determination	5	Done at Educational Planning Conference.
Contact parent after assessment	5	Mother given assessment results and proposed services at Educational Planning Conference.
Develop IEP	5	Developed at Educational Planning Conference to conform to school's curriculum.
Placement decision	5	Made at Educational Planning Conference.
Parental permission for placement	5	Obtained at Educational Planning Conference.
Develop strategies to implement IEP	5	Specific strategies determined by specific skills missing from Doug's repertoire.
Implement intervention	6	The program was implemented.
Progress evaluation	7	Doug's progress was monitored by weekly tests. A planned year-end staffing meeting was never held.

Table 4-2

Evaluation of Doug: Assessment Devices and Personnel

Personnel	Devices	Time ^a
SLBP Teacher	Reading inventories (informal)	
	KeyMath Diagnostic Test of Arithmetic	4.5 hrs
	Criterion Math	

^aTime entry is the total time spent in assessment by the person in the first column.

Table 5-1
Relationship of Sequence of Activities in Marilyn's Case to the Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	1	Teacher reported that free-time rewards were used to motivate Marilyn
Referral	2	Made by Marilyn's teacher for academic difficulties.
Review of referral	5	Done at referral review meeting <u>after</u> assessment had been conducted.
Assessment team appointed	-	Special ed teachers are responsible for assessment in the school. No special assignments of responsibility were made.
Parental permission to assess	3	Obtained by teacher at fall parent-teacher conference.
Assessment	4	Conducted by one individual using six devices.
Review of assessment results	5	Done at referral review meeting, along with eligibility determination.
Eligibility determination	5	Done at referral review meeting.
Contact parent after assessment	6	Mother given assessment results at IEP Conference. General program was discussed.
Develop IEP	7	Done sometime after IEP Conference.
Placement decision	5	Made at referral review meeting; decision was to provide indirect special education services.
Parental permission for placement	8	Obtained signature on second IEP form sent to mother.
Develop strategies to implement IEP	-	School psychologist, who was responsible for developing behavior modification program, was told by teachers that Marilyn had improved considerably and a systematic program was not needed.
Implement intervention	-	Teachers, school psychologist, parent, and student were unable to confirm that a specific intervention had been implemented.
Progress evaluation	9	Done at case review meeting; decision was made not to terminate services because then services may be started sooner next year if she needs them.

Table 5-2
Evaluation of Marilyn: Assessment Devices and Personnel

Personnel	Devices	Time ^a
Special Education Teacher	Peabody Individual Achievement Test	3 hrs
	Ginn (reading levels test)	
	home school's scale	
	Slingerland	
	Developmental Test of Visual-Motor Integration	
	Peabody Picture Vocabulary Test	
School Psychologist	Classroom observation ^b	1 hr

^aTime entry is the total time spent in assessment by the person in the first column.

^bConducted after assessment review meeting for purpose of developing behavioral management plan for classroom.

Table 6-1
Relationship of Sequence of Activities in Tom's Case to Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	-	No specific pre-referral interventions occurred.
Referral	1	Tom was referred by his teacher for academic difficulties and immature behavior.
Review of referral	2	Done at weekly staffing meeting; need for language, psychological, and reading evaluations was specified.
Assessment team appointed	3	Social worker was designated as case manager. Specific evaluations recommended determined who would administer assessment.
Parental permission to assess	4	First permission slip, sent home with student, was lost. A second slip was sent home with the student and returned the next day.
Assessment	5,7,9	Conducted by five individuals using 11 devices or procedures. Two months were taken to complete all evaluations; results were discussed as individual evaluations were completed.
Review of assessment results	6,8,10	Done at three weekly staffing meetings as assessment results became available.
Eligibility determination	10	Done at staffing when all assessment results were reviewed. Official eligibility was determined by special education director after IEP conference.
Contact parent after assessment	11	Mother given assessment results at IEP conference. General program was discussed.
Develop IEP	12	Developed by SLBP teacher within two weeks following the IEP conference.
Placement decision	10	Done at staffing meeting when all assessment results were reviewed and eligibility determined. Placement was made on basis of who had time to provide services.
Parental permission for placement	14	Obtained at meeting of SLBP teacher and mother where short term objectives were explained.
Develop strategies to implement IEP	-	Specific strategies, other than selecting grade-appropriate materials were not reported.
Implement intervention	13	Services were initiated.
Progress evaluation	15	Extensive progress evaluation was conducted while Tom received services. A periodic review meeting was held in May.

Table 6-2
Evaluation of Tom: Assessment Devices and Personnel

Personnel	Devices	Time ^a
Psychologist	WISC-R	3.5 hrs
	Bender	
	Classroom observation	
SLBP Teacher	Record review	5.0 hrs
	Woodcock Reading Mastery Tests	
	Informal (district tests - reading math, writing)	
Social Worker	Interview (mother)	1.0 hrs.
Speech Therapist	Carrow Elicited Language Test	2.0 hrs
	Detroit-Auditory Memory subtests	
Nurse	Developmental history	1.0 hrs
	Vision and hearing screening ^b	

^aEach time entry is the total time spent in assessment by the person in the first column.

^bConducted prior to the final review conference.

Table 6-3
Relationship of Sequence of Activities in Joey's Case to Model Sequence

Model Sequence	Order of Occurrence	Description of Activity
Pre-referral interventions	-	No specific pre-referral interventions occurred.
Referral	1,7	First referral made in November by mother. Joey was referred by his teacher in December.
Review of referral	2	Done at weekly staffing meeting following mother's referral.
Assessment team appointed	-	No team appointed because extensive test results were available from previous school. Later, decision was made to conduct informal testing and speech/language evaluation.
Parental permission to assess	3	Parental permission was obtained to acquire records from previous school. Permission was not obtained for informal testing or speech/language evaluation.
Assessment	4	Major "assessment" consisted of the review of records from Joey's previous school. Informal testing and speech/language evaluations were also conducted by two individuals using five devices.
Review of assessment results	5	Done at staffing meeting when school records and informal testing results were available.
Eligibility determination	2	Joey's eligibility for services was never formally stated, but on the basis of conversations with his previous school, eligibility was assumed. First discussion of who could provide services occurred at the November 11 meeting before his previous school records were obtained. Official eligibility was obtained from special education director after program began.
Contact parent after assessment	6	Parents were in contact with the school throughout the process. First formal meeting with them after assessment was the IEP conference.
Develop IEP	8	Done at the IEP conference by regular class teacher, GLD teachers, and parents. Specific short-term objectives were added within next two weeks.
Placement decision	5	Although placement was discussed at the first staffing discussion of Joey, final decision was made at the staffing where all assessment results were reviewed.
Parental permission for placement	10	Obtained following the IEP conference after specific short-term objectives were added and after program had been started.
Develop strategies to implement IEP	-	Specific strategies, other than individualized instruction, were not reported.
Implement intervention	9	Services began on December 3 although official eligibility was not yet secured and parents had not signed IEP.
Progress evaluation	11	Progress was evaluated during program. Aide was assigned to monitor teacher assignments.

Table 6-4
Evaluation of Joey: Assessment Devices and Personnel

Personnel	Devices	Time ^a
Psychologist	Record review	2.00 hrs
SLBP Teacher	Classroom observation	.25 hrs
GLD Resource Teacher	Informal (district tests - reading, math, writing, spelling) Key Math ^b	3.50 hrs
Speech Therapist	Record review Informal (expressive language) Detroit (selected subtests) Carrow Elicited Language Test	2.00 hrs
Social Worker	Record review Interview (parent)	2.00 hrs
Nurse	Record review Vision and hearing screening	2.00 hrs
Principal	Record review Interview (parent)	2.00 hrs

^a Each time entry is the total time spent in assessment by the person in the first column.

^b Given in mid-year for developing the program plan.

Figure 2-1

Flowchart of School District's Decision-Making Process

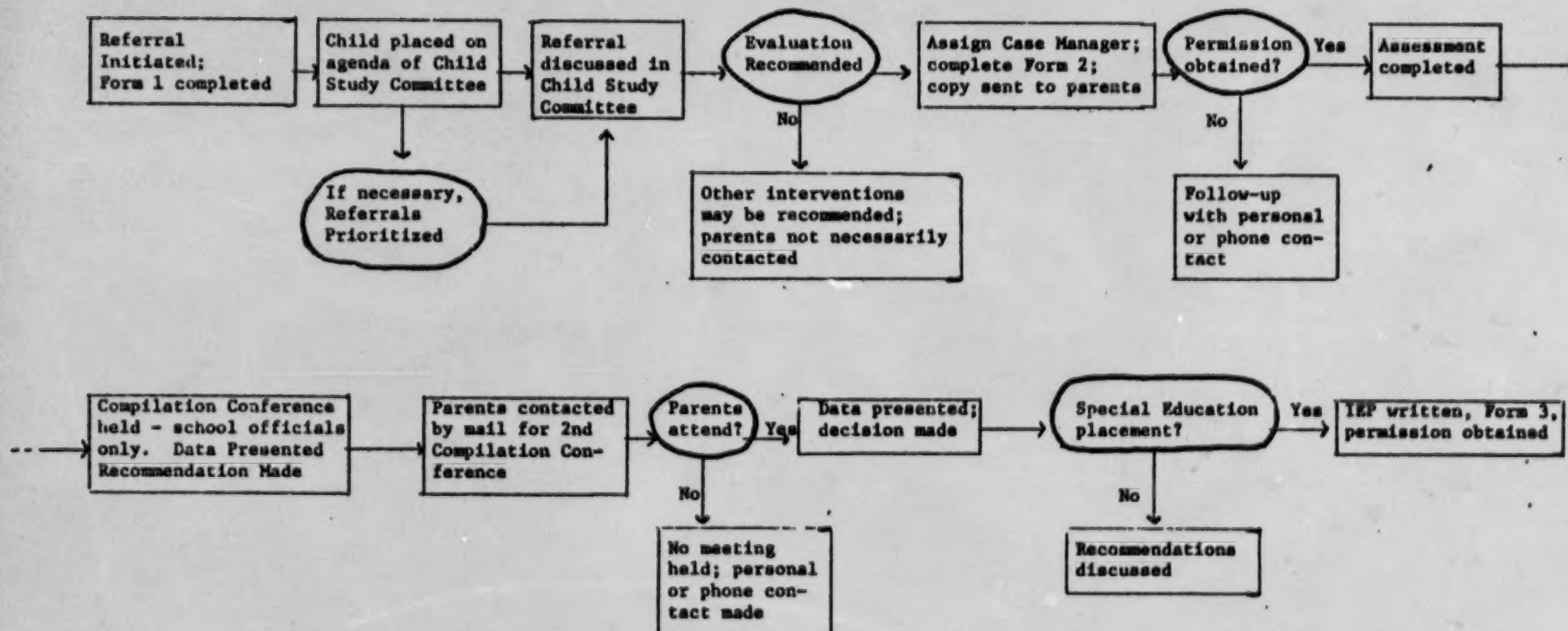
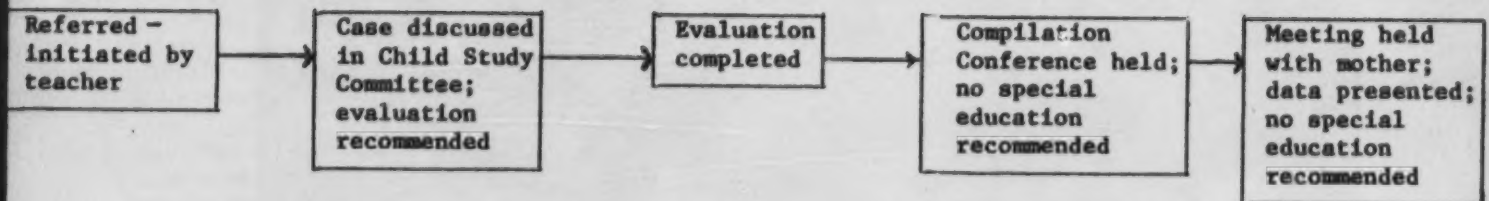


Figure 2-2

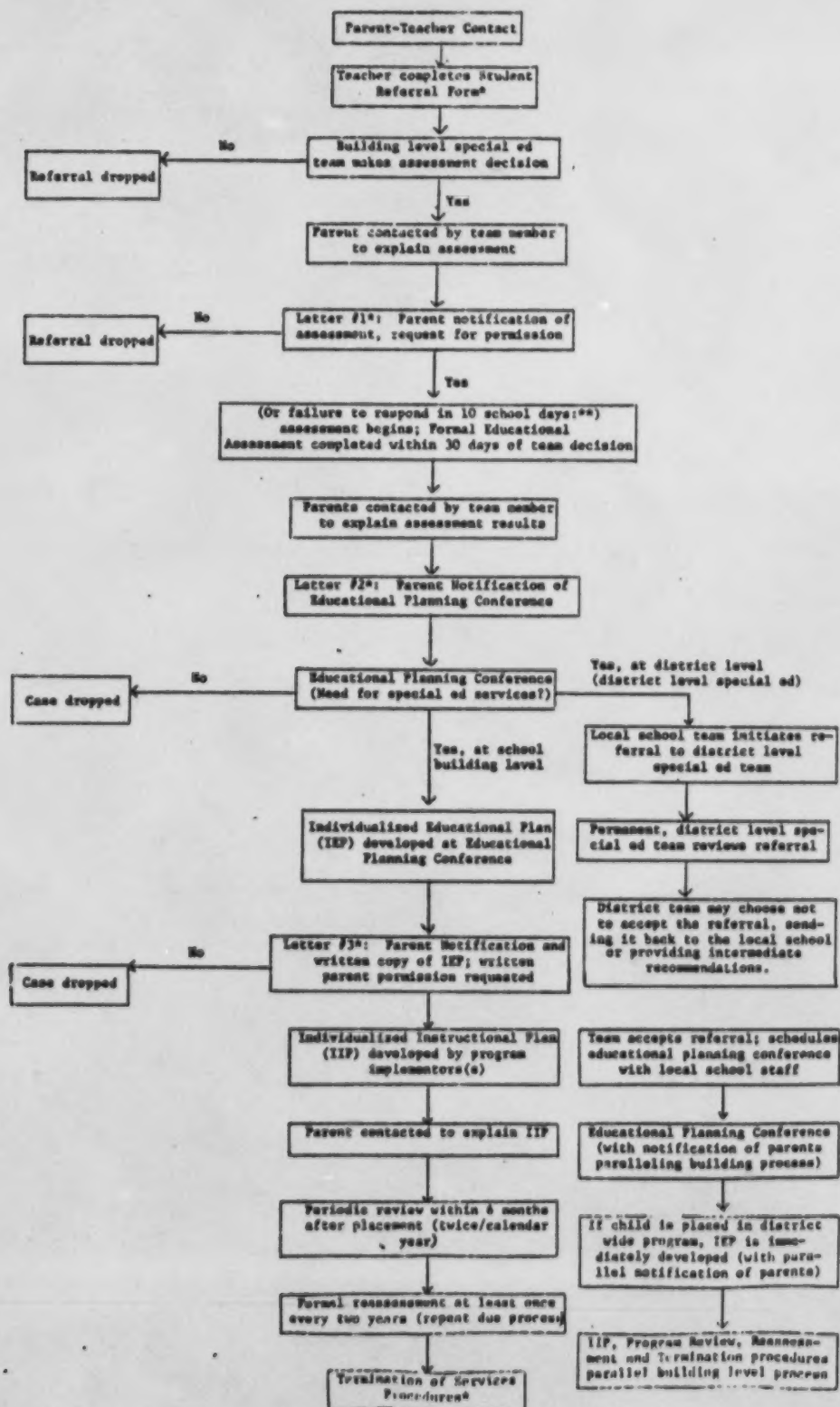
Flowchart of Decision-Making of Process in Tony's Case



Sequence of Activities in Due Process for Providing
Services for Children with Educational Handicaps

135

(within the local school building)



Steps Followed During Susie's Case

(Sept., 1979)

Susie enters third grade
(first year in this school)

Classroom teacher contacts parents
and SSW regarding a conflict be-
tween Susie and a classmate

SSW observes Susie and classmate,
meets with them to attempt improving
their relationship and classroom cooperation

(Nov. 14, 1979)

Fall parent-teacher conference:
teacher informs parents of Susie's
academic problem; requests their
support of a referral for special
ed assessment

(Nov. 30, 1979)

Building special ed team receives
referral, accepts, assigns assessment

Letter #1: Notification to parents of
decision to assess; request for
written parent consent

Formal Assessment occurs

SSW contacts parent about date
for Educational Planning Conference

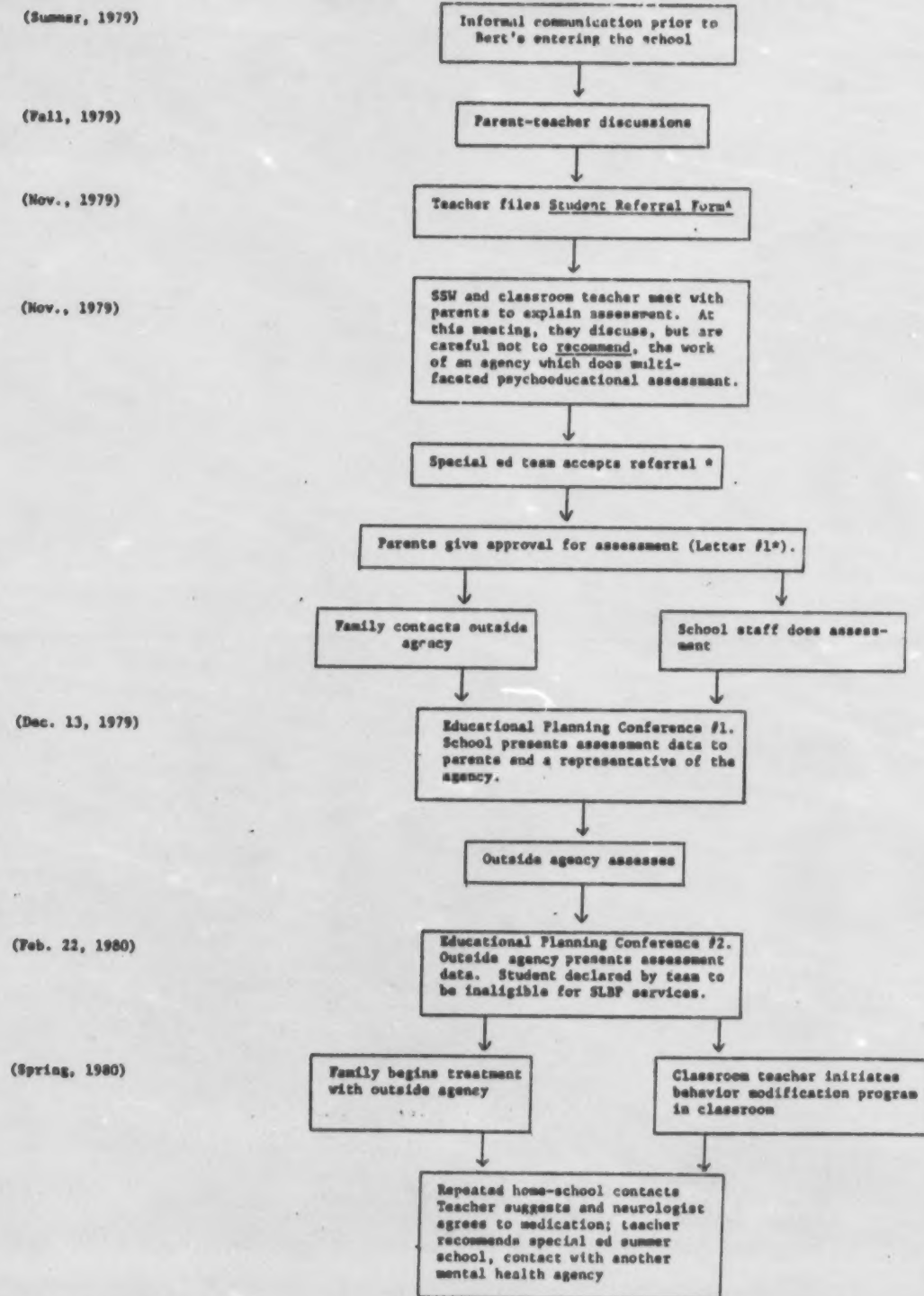
(Jan. 21, 1980)

Educational Planning Conference:
Susie declared ineligible for service.
Parents given written guidelines
for improving reading skills at home

Parents and classroom teacher develop
homework plan to remediate Susie's
academic deficit

Figure 1-3

Steps Followed During Bert's Case



* Form appears in Appendix B.

Figure 5-1

Sequence of Activities in Tiffany's Case

October 1979

INFORMAL DISCUSSIONS BETWEEN REGULAR TEACHER
AND SPECIAL EDUCATION

November 1979

PARENT TEACHER CONFERENCE
- Discuss behavior problem
- Parent signs permission to assess

TEACHER FILES FORMAL REFERRAL

EDUCATIONAL ASSESSMENT CONDUCTED BY SPECIAL EDUCATION

December 1979

REFERRAL
REVIEW
MEETING

DECISION TO PROVIDE
INDIRECT SPECIAL EDUCATION SERVICE

IEP

EDUCATIONAL
PLANNING
CONFERENCEPARENT AGREES TO
INDIRECT SERVICE

January 1980

STUDENT DROPPED FROM TITLE I SERVICE
TO AVOID CROSSOVER IN SERVICE

1st IEP not returned signed by parent

2nd IEP sent and returned signed

FORMAL MEETING BETWEEN SCHOOL PSYCHOLOGIST AND
SPECIAL EDUCATION TO DESIGN BEHAVIOR INTERVENTION

INTERVENTION IMPLEMENTED IN THE CLASSROOM

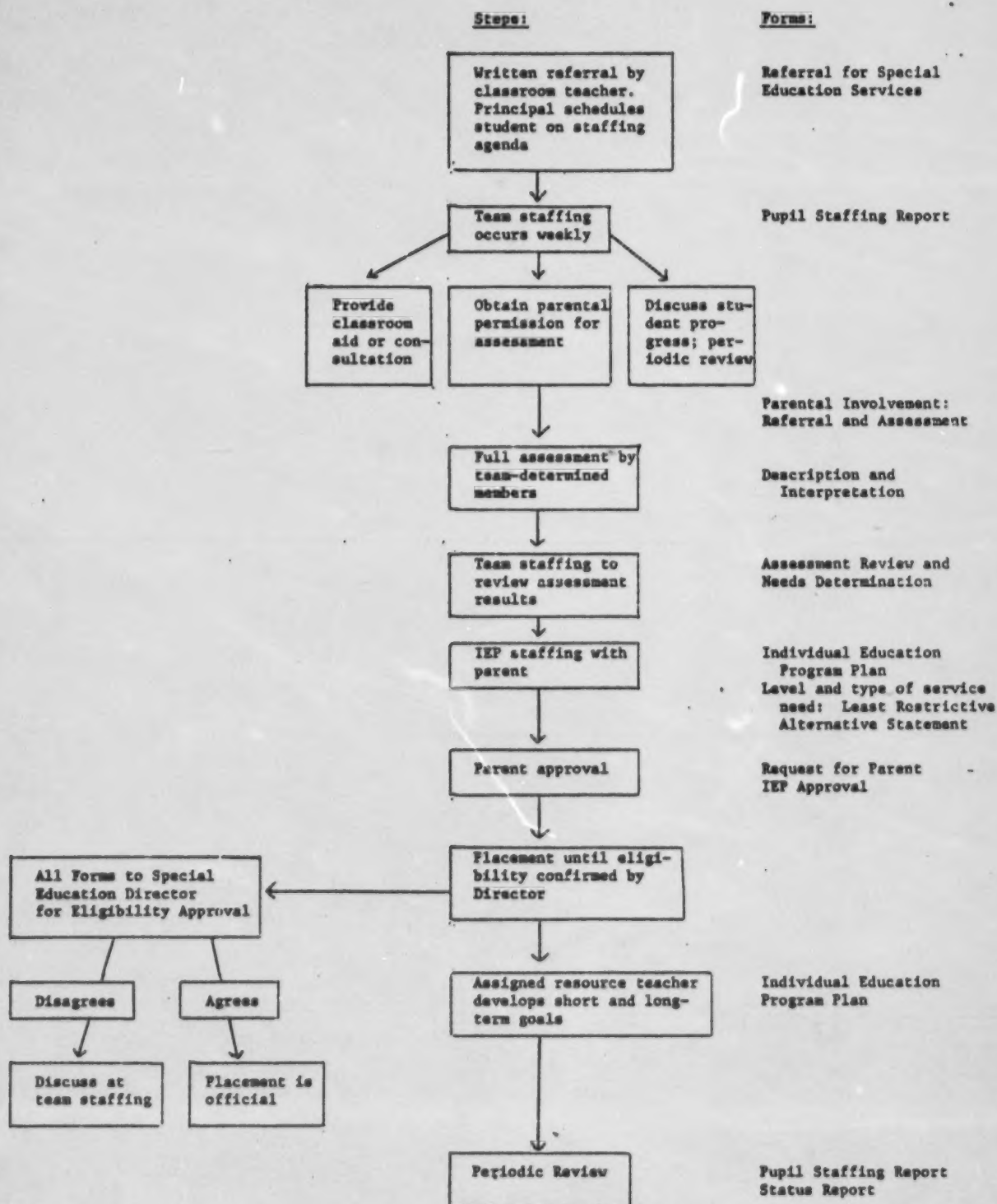
June 1980

REVIEW
MEETING

DECISION NOT TO
TERMINATE FROM SPECIAL
EDUCATION SERVICE

Figure 6-1

Steps in School District's Decision-Making Process



APPENDIX A

white: cumulative record
 orange: parent(s)
 pink: case manager

STUDENT SPECIAL NEEDS REFERRAL

Student: _____	Grade: _____	Date: _____
Name of Parent(s) or Guardians: _____	Student Date of Birth _____	
Address of Parent(s) or Guardians: _____	Person Making Referral: _____	
	School: _____	
Parent(s) or Guardians Phone #: _____		

REASON FOR REFERRAL:

DESCRIBE STUDENT'S TYPICAL BEHAVIOR IN THE CLASSROOM:

BACKGROUND INFORMATION:

 Date Parent(s)/Guardians Informed of Identification: _____

By Whom: _____

Complete and return to building principal or child study chairperson

Decision(s) _____

Casemanager Assigned _____

Principal's Signature _____ Date _____

Child Study Chair Signature _____ Date _____

white: cumulative rec:
 canary: parent(s)
 pink: case manager

ASSESSMENT

Parent Notification of Educational Assessment

 _____ (School)
 _____ (Address)
 _____ (Date)

Dear Parents/Guardians of _____,

Because of our concern with your child's current performance in school, we would like to assess him/her. We want to learn more about your child. Your feelings and thoughts are very important to us. The assessment suggested will be:

DESCRIPTION OF AREAS
OF ASSESSMENT

BY WHOM

PLACE

When this assessment is finished, the results will be shared with you. These results will be used to plan for your child.

- We must have your consent to begin the assessment. Please sign the bottom of one copy of this letter and return it to school. You may keep one copy. Assessment will proceed only when you return this form signed.

- If you would like an explanation of the assessment procedures or have the results shared privately with you, please call

_____ at _____

Sincerely,

____ I agree to the educational assessment.
 ____ I do not agree to the educational assessment.
 ____ Please contact me

 Parents Signature

 Date

form 2A

white: cumulative record
 gray: parent(s)
 pink: case manager

ORIGINAL
 ASSESSMENT COMPILATION

Name _____	Date _____
Parent _____	Case Manager _____
Address _____	Date of Compilation _____
Phone No. _____	Grade _____
Birthdate _____	

Directions: Individual Assessment reports shall be attached to this form. Describe below a summary of data.

StrengthsAreas of Need

Disability & category confirmed _____ yes _____ no

If yes, specify the confirmed disability _____

Signatures of persons agreeing to above report. _____

Place on file individual written disagreement. _____

white: cumulative record
 canary: parent(s)
 pink: case manager

INDIVIDUAL EDUCATIONAL PROGRAM PLAN

Date _____

Parent _____ Student _____
 Address _____ Date of Birth _____ Grade _____
 City _____ Phone _____ School _____
 Case Manager _____ Phone _____

Does the disability create a handicapping condition for the student yes no

If yes, continue:

PROGRAM INFORMATION:

(Responsibility of School and Parents)

LEVEL OF PLACEMENT AND TYPE OF SERVICE	AMOUNT OF TIME WEEKLY		BEGINNING DATE	LOCATION	STAFF	SCHOOL PHONE	APPROXIMATE REVIEW DATE
	DIRECT	INDIRECT					
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
		Total weekly time	_____	_____	_____	_____	_____

The reason this placement is recommended is _____

If Level IV or V:

Describe the educational activities and involvement this student will have in the regular, mainstream educational program: _____

ATTACH APPROPRIATE GOALS/OBJECTIVE FORM 30

Check here to indicate Document 2 has been provided for parent _____

What were the lesser restrictive alternatives that have been tried?

Examples:

Volunteer Parent
 Bucket Brigade
 Resource/Learning Center

Learning Center
 Remedial Reading
 Title I (including
 Cross-Age Tutoring)

Support Groups
 School Administrator
 Guidance
 Social Work

List any changes in personnel, transportation, facilities, curriculum methods, materials, equipment, or other educational services which will be made as a result of the proposed program: _____

Signature of approval of education plan developed.

(Form 4 completed)

1. Parent or Guardian _____

2. Case Manager _____

3. Other team member(s) _____

4. _____

5. _____

6. _____

7. _____

8. _____

Form 3a

Student's Name: _____ School Year _____

Team Members: _____ Case Manager _____

GOALS	Date Written	OBJECTIVES	RESPON- SIBILITY	OUTCOMES

Alternate 3a

White - Classroom teacher
 Green - Principal
 Canary - Parent(s)
 Pink - Case manager (copy others as needed)
 Gold - Special education officer

6a

STUDENT NAME _____

GOAL SETTER _____

GUIDE NUMBER _____

FOLLOW-UP DATE _____

GOAL-SETTING DATE _____

____ Number of scales written
 ____ Goal Attainment Score
 ____ Level at Intake
 ____ Change Score

GOAL ATTAINMENT FOLLOW-UP GUIDE

Levels of Predicted Attainment				
Much less than expected level of outcome				
Somewhat less than expected level of outcome				
Expected level of outcome				
Somewhat more than the expected level of outcome				
Much more than the expected level of outcome				

183

182

SPECIAL EDUCATION**PARENTAL RIGHTS**

As a parent, you have an interest in your child's education. The school wants you to know about your child's program and to help plan for changes in it. These are the things you may do:

1. You may ask to have a person of your choice come with you to the planning team meeting. This person may be a staff member or it may be someone who does not work for the school, such as a relative, a pediatrician, legal counsel, a family counselor, etc. This person may be someone who might help explain the racial, cultural, or handicapping performance of your child.
2. You may choose to have an assessment of your child's educational needs conducted by other than school personnel at your own expense.
3. You may ask to talk with someone at school who can tell you about the assessment and what it showed about your child's strengths and needs.
4. You may ask to see the school's records about your child. You may also ask for copies of the records.
5. You may take part in the team meeting when your child's educational program is planned.
6. You may object to the assessment or the educational plan. Check the line on the letter that says "I do not agree." The school will then contact you to discuss the areas of disagreement. If necessary, a conciliation conference will be arranged. The conference will be held at a time and place that is best for both you and the school.
7. You may still object to the proposed action after the conciliation conference. You may then ask for another conciliation conference or for an informal due process hearing.

The school will not change your child's educational program until agreement is reached. If you do not attend the conference, the school will go ahead with the plan. A list of referral sources for legal assistance will be provided upon your request.

PROCESS EVALUATION FORM

1. I feel my ideas were heard and included in the team planning.

0 1 2 3 4 5 6 7 8 9 10
never sometimes always

2. I feel that people have been respectful of each other's individual differences in thoughts and feelings and contributions.

0 1 2 3 4 5 6 7 8 9 10
never sometimes always

3. I feel the process involved in planning for this child has maximized input from all parties involved.

0 1 2 3 4 5 6 7 8 9 10
never sometimes always

4. I feel satisfied with the decision reached by the team.

0 1 2 3 4 5 6 7 8 9 10
never sometimes always

5. My general reaction to the planning process is.....

6. My general reaction to the decision is.....

Child's Name _____

Signed _____

Date _____

DUE PROCESS CHECKLIST

THIS FORM MUST BE COMPLETED TO DOCUMENT DISTRICT COMPLIANCE WITH STATE LAW

DUE PROCESS CHECKLIST FOR THE DEVELOPMENT OF THE IEP

STUDENT INFORMATION

Student _____ Birthdate _____
 Address _____ School _____
 Parent or other Legal Guardian _____ Primary Language of family _____
 Telephone: Home _____ Business _____

Case Manager _____
 Person responsible for compliance with procedural safeguards

INITIAL PROBLEM IDENTIFICATION

1. Parent-Teacher Contact _____ Date Accomplished Month/Day/Year
 2. Student Referred _____
 3. CST Assessment Decision _____

FORMAL EDUCATIONAL ASSESSMENT

1. Parent contacted by _____ (name) to explain need for and scope of formal Educational Assessment & Approval _____
 2. Parent given parental right statement _____
 3. Parent approval of formal Educational Assessment (Letter #1) sent _____
 4. Parent Response:
 a. Permission received (in writing) _____
 b. Permission denied (in writing) _____
 5. Formal Educational Assessment completed within 30 school days of CST decision _____
 6. Parent contacted by _____ (name) to explain results of formal Educational Assessment and to gather parent assessment input. _____

DETERMINING EDUCATIONAL NEEDS

1. Parent notified of educational planning conference (Form C #2 sent and/or oral invitation given) _____
 2. Conference Held: (Specify conference date for A.B. and/or C)
 a. Determined that student does not need Special Educational services _____

Date Accomplished
 Month/ day/year

- b. Determined that student's special educational needs can be met on building level.
 c. Determined that student's special educational needs cannot be met on building level.
 d. Referral made to special education Supervisor.

3. Conference held to determine out of building program (Level IV) _____

INDIVIDUAL EDUCATIONAL PLAN

Written:

1. Parent contacted by _____ (name) to explain Individual Educational Plan _____
 2. Parent Notification of Individual Educational Plan (Form 3) sent within 10 school days of educational planning conference _____
 3. Parent Response:
 a. Permission given
 Oral permission received by _____ at _____ (time) _____
 Written permission received
 No response in 10 school days _____
 b. Permission denied (in writing) _____

Implemented:

1. Individual Instructional Plan attached _____
 2. Parent contacted by _____ (name) to explain Individual Instructional Plan. _____

PERIODIC REVIEWS

Both periodic reviews to be held within calendar year following placement _____

First periodic review. Copy given to or sent to parent and attached. _____

Second periodic review. Copy given to or sent to parent and attached. _____

FORMAL REASSESSMENT

To be conducted at least once every two years for students with primary placement in Special Education. Follow same procedural steps as for initial Formal Educational Assessment beginning with Parent Contact _____

How Due Process Checklist started _____

TERMINATION OF PROGRAM SERVICES

Attach page 3 Due Process Checklist: Termination of Program Services when termination of a Special Education service is considered.

APPENDIX B

Student Referral Form

Student Name _____

Birthdate / /

Month Day Year

School _____

Grade _____

Person Making Referral _____

Date 1/1

Month Day Year

Check the areas where the student is experiencing difficulty and describe the behaviors.

☐	INTELLECTUAL	learning rate, transferring skills, retention, etc.
--------------------------	---------------------	---

ACADEMIC math, social studies, reading, writing, science, etc.

☐ **COMMUNICATION SKILLS** speech, sound production, voice quality, understanding languages, expressing ideas, etc.

☐ **PHYSICAL** vision, hearing, orthopedic condition, state of health, etc.

☐ **PERCEPTION** visual, auditory, gross motor, fine motor, etc.

☐ **SOCIAL/EMOTIONAL** relationships with peers and/or adults, self discipline, independence, etc.

ADAPTIVE BEHAVIOR following through with daily routines within the environment

VOCATIONAL work tolerance, marketable job skills, etc.

☐ OTHERParent Contacted Yes ☐ No ☐

Date / /
Month Day Year

Person making referral do NOT write below this line.

SST Information

SST Decision To Assess **YES** ☐ **NO** ☐ **Date** / /
Month Day Year

25-9500 441 (3-Print Shop)

Record from Section F on the SST REFERRAL FORM

ASSESSMENT SUMMARY FORM

Student _____ Birthdate ____ / ____ / ____
 School _____ Grade _____
 Person Completing Form _____ Date ____ / ____ / ____

PRESENTING PROBLEM:PARENT INFORMATION:AREAS TO BE ASSESSED:

Intellectual

Academic

Communication

Health

BY WHOM:

(over)

BY WHOM:
 Perception
 Social/Emotional
 Adaptive Behavior
 Vocational
 Other

AREA(S)	ASSESSMENT TECHNIQUES	RESULTS	STRENGTHS AND WEAKNESSES

LEARNING DISABILITIES ELIGIBILITY
WRITTEN REPORT

1. Student _____ Birthdate _____
 School _____ Grade _____

2. Evaluation Team:

<u>Signature/Position</u>	<u>Signature/Position</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. The Evaluation Team has determined that this student has a specific learning disability based on:

- a) a severe discrepancy exists between ability and achievement;
- b) there is a severe discrepancy between achievement and ability in the following areas:
 - _____ 1. oral expression,
 - _____ 2. listening comprehension,
 - _____ 3. written expression,
 - _____ 4. basic reading skill,
 - _____ 5. reading comprehension,
 - _____ 6. mathematics calculation,
 - _____ 7. mathematics reasoning;
- c) the discrepancy is not the result of other known handicapping conditions or of environmental, cultural or economic disadvantages.

4. A team member, other than the classroom teacher, observed this student's academic performance in the regular classroom setting on (date(s)). Relevant behaviors during the observation of the student were:

Area	Behaviors Per Minute	
	student	peers
Noise	_____	_____
Out of place	_____	_____
Classroom	_____	_____
Off Task	_____	_____
Other:	_____	

The relationship of the observed behaviors to the child's academic functioning appear to be: _____

5. The educationally relevant medical findings, if any, are: _____
- _____

6. The determination of the team concerning the effects of environmental, cultural, or economic disadvantage are: _____
- _____

7. The signature of each team member certifies that this report reflects his/her conclusion. Any exceptions are listed as follows:

This conclusion does not reflect my professional conclusion and I will submit a separate statement:

Signature	Position
_____	_____
_____	_____
_____	_____

Documents in support of this report are included in the student's special education file.

8. Date of Report _____

11/29/78

INDIVIDUAL EDUCATIONAL PLAN (IEP)

REFER TO IEP INSTRUCTIONS.

(Circled numbers are for data processing).

1. STUDENT INFORMATION

Student _____

Address _____

Parent/Other Legal Guardian _____

Telephone: Home _____ Business _____

CRITICAL DATES	
④ Referral	Month Day Year
⑤ Assessment Completed	Month Day Year
⑥ IEP Conference	Month Day Year
⑦ Parent Response	Month Day Year
⑧ Birthdate	Month Day Year
Age	Years Months
Grade	
School	

2. ASSESSMENTS USED AS BASIS FOR IEP

	Date month/year	Person		Date month/year	Person
① Intellectual	/		⑫ Health	/	
⑬ Academic	/		⑭ Social/Emotional	/	
⑮	/		⑯ Adaptive Behavior	/	
⑰	/		⑲ Vocational	/	
⑳ Communication	/		㉑	/	
㉒	/		㉓	/	

3. EDUCATIONAL PLANNING CONFERENCE PARTICIPANTS

Name	Position	Name	Position
_____	①	_____	⑥
_____	②	_____	⑦
_____	③	_____	⑧
_____	④	_____	⑨
_____	⑤	_____	⑩
_____	⑥	_____	⑪

IEP Manager _____

(Type or print)

4. SPECIAL EDUCATION NEEDS

5. GOALS

INDIVIDUAL INSTRUCTIONAL PLAN (IIP)

This form will be attached to the IEP and a copy sent to parent as soon as IEP is completed or no later than six weeks after commencement of service.

STUDENT _____ SCHOOL _____ PROGRAM(S) _____

DATES: IEP COMPLETION _____ IIP COMPLETION _____ REVIEW _____

IEP Goal	Specific Objective(s)	Definition of Success	Target Date	Person Responsible

THIS FORM MUST BE COMPLETED TO DOCUMENT DISTRICT COMPLIANCE WITH STATE LAW

DUE PROCESS CHECKLIST FOR THE DEVELOPMENT OF THE IEP**STUDENT INFORMATION**

Student _____ Birthdate ____/____/____
 Address _____ School _____
 Parent or Other _____ Primary Language
 Legal Guardian _____ of Family _____
 Telephone: Home _____ Business _____
 Process Manager _____
 Person responsible for compliance with
 procedural safeguards

INITIAL PROBLEM IDENTIFICATION

1. Parent-Teacher Contact
2. Student Referred
3. SST Assessment Decision

Date Accomplished
Month/Day/Year

FORMAL EDUCATIONAL ASSESSMENT

1. Parent contacted by _____ (name) to explain need for and scope of Formal Educational Assessment
2. Parent Notification of Formal Educational Assessment (Letter #1) sent
3. Parent Response:
 - A. Permission Given
 - Oral permission received by _____ at _____
 (name) (time)
 - Written permission received
 - No response in 10 school days (_____)
 deadline date
 - B. Permission denied (in writing)
4. Formal Educational Assessment completed within 30 school days of SST decision (_____)
 deadline date
5. Parent contacted by _____ (name) to explain results of Formal Educational Assessment

DETERMINING EDUCATIONAL NEEDS

1. Parent Notified of educational planning conference (Letter #2 sent and/or oral invitation given)
2. Conference Held: (Specify conference date for A, B, or C)
 - A. Determined that student does not need Special Educational services

- B. Determined that student's special educational needs can be met on building level.
- C. Determined that student's special educational needs cannot be met on building level.

Date Accomplished
Month/Day/Year

INDIVIDUAL EDUCATIONAL PLAN

Written:

1. Parent contacted by _____ (name) to explain Individual Educational Plan
2. Parent Notification of Individual Educational Plan (Letter #3) sent within 10 school days of educational planning conference (_____) deadline date

3. Parent Response:

A. Permission given

Oral permission received by _____ at _____ (time)

Written permission received

No response in 10 school days (_____) deadline date

B. Permission denied (in writing)

Implemented:

1. Individual Instructional Plan attached
2. Parent contacted by _____ (name) to explain Individual Instructional Plan

PERIODIC REVIEW

Both periodic reviews to be held within calendar year following placement (_____) deadline date

First periodic review. Copy to be sent to parent and attached.

Second periodic review. Copy to be sent to parent and attached.

FORMAL REASSESSMENT

To be conducted at least once every two years for students with primary placement in Special Education. Follow same procedural steps as for initial Formal Educational Assessment beginning with Parent Contact (_____) deadline date

New Due Process Checklist started

--	--	--

TERMINATION OF PROGRAM SERVICES

Attach page 3 Due Process Checklist: Termination of Program Services when termination of a Special Education service is considered.

DUE PROCESS CHECKLIST: TERMINATION OF PROGRAM SERVICES

Upon considering the termination of any Special Education Service, this page, with dates for each section, should be attached to Due Process Checklist.

Student _____

SERVICE	DATE BEGUN	PARENT CONTACT	LETTER # SENT	PARENT RESPONSE	10-DAY DEADLINE	SERVICE TERMINATED	APPROPRIATE FOLLOW-UP (within 1 year)	FOLLOW-UP COMPLETED

SST REFERRAL REVIEW

A. STUDENT INFORMATION

Student _____ Date ____/____/____
 Address _____ Birthdate ____/____/____
 Parent or Other Legal Guardian _____ Grade _____
 Telephone: Home _____ Business _____ Room Number _____
 Person Completing Form _____ School _____

B. STAFF PROVIDING SERVICE TO STUDENT

Teacher(s) - Please specify subject _____ Social Worker _____
 _____ Counsellor _____
 _____ Nurse _____
 _____ Speech Clinician _____
 Special Education Teacher(s) _____ Psychologist _____
 _____ Other _____

C. ASSESSMENT (Within last two years) - Please attach all available assessment results.

Area	Date		Results Attached	
	Month	Year	Yes	No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. HEALTH INFORMATION

Hearing _____
 Vision _____
 Other _____

E. COMMUNITY RESOURCES SERVING STUDENT - PLEASE LIST AND DESCRIBE SERVICE.

F. SST DECISION TO ASSESS: ____ Yes ____ No _____ date
 (record this date on Student Referral Form)

Parent Notification of Educational Assessment
Letter #1

_____(School)
_____(Address)
_____(Date)

Dear Parents of _____

To make the best plans for your child in school, we would like to assess him/her. We want to learn more about your child. Your feelings and thoughts are very important to us. The assessment suggested will be:

ASSESSMENT

BY WHOM

PLACE

When this assessment is finished, we will let you know. We can then review the results and make plans.

We would like your consent to begin the assessment. Please sign the bottom of one copy of this letter and return it to school. You may keep one copy. If we do not hear from you by _____, (Date) we will assume that we have your consent. If you would like us to begin sooner, we must have this letter signed and returned.

- We would be happy to discuss this with you. If you have questions, please call _____ at _____

Sincerely,

☐ I agree to the educational assessment.
☒ I do not agree to the educational assessment.
☐ Please contact me.

(Parent's Signature)

(Date)

See back of yellow copy for Parental Rights

(430) White - parent sign & return Yellow - parent copy Pink - school record

Parent Notification of Individual Educational Program
Planning Conference
Letter #2

_____(School)
_____(Address)
_____(Date)

Dear Parents of _____

We would like you to come to a meeting to help us write a plan for your child. It will be based on the completed assessment. We hope you can come to the meeting.

It will be:

<u>Date and Time</u>	<u>Place</u>
10/10/54	10/10/54
10/11/54	10/11/54
10/12/54	10/12/54
10/13/54	10/13/54
10/14/54	10/14/54
10/15/54	10/15/54
10/16/54	10/16/54
10/17/54	10/17/54
10/18/54	10/18/54
10/19/54	10/19/54
10/20/54	10/20/54
10/21/54	10/21/54
10/22/54	10/22/54
10/23/54	10/23/54
10/24/54	10/24/54
10/25/54	10/25/54
10/26/54	10/26/54
10/27/54	10/27/54
10/28/54	10/28/54
10/29/54	10/29/54
10/30/54	10/30/54
10/31/54	10/31/54

If you want to change the time or place, please call me at
Telephone.

Sincerely,

See back of yellow copy for Parental Rights

(431) White - school copy Yellow - parent copy

PARENTAL RIGHTS

As a parent, you have an interest in your child's education. The school wants you to know about your child's program and to help plan for changes in it. These are the things you may do:

1. You may ask to have a person of your choice on the planning team. This person may be a staff member or it may be someone who does not work for the school. You might want someone at the conference to help the team understand the racial, cultural, or handicapping differences of your child.
2. You may choose to have an assessment of your child's educational needs conducted by other than school personnel at your own expense.
3. You may ask to talk with someone at school who can tell you about the assessment and what it showed about your child's strengths and needs.
4. You may ask to see the school's records about your child. You may also ask for copies of the records.
5. You may take part in the team meeting when your child's educational program is planned.
6. You may object to the assessment or the educational plan. Check the line on the letter that says "I do not agree." The school will then contact you to discuss the areas of disagreement. If necessary, a conciliation conference will be arranged. The conference will be held at a time and place that is best for both you and the school.

If you attend the conciliation conference, the school will not change your child's educational program until agreement is reached. If you do not attend the conciliation conference, the school will go ahead with the plan.

Parent Notification of Individual Educational Program
Letter #3

(School)
(Address)
(Date)

Dear Parents of _____,

At the Educational Planning Conference held on _____,
this Individual Educational Plan was written for your child.

Please sign one copy of this plan and return it to school. This will mean that you are willing to have the school begin using it. If we do not hear from you by _____, we will assume (Date) that we have your consent. If you would like us to begin sooner, we must have this form signed and returned.

A more detailed plan will be written by your child's teachers after the services begin. You may ask for a meeting to discuss the plan at any time by contacting _____ at _____.

Sincerely,

See back of yellow copy for Parental Rights

(432) White - school copy Yellow - parent copy

Parent Notification of Termination of Special Education Program.
Letter #4

____ (School)
____ (Address)
____ (Date)

Dear Parents of _____,

The progress of your child in _____ (Name of Service)
was reviewed on _____. A copy of this review is attached.
(Date)

We would like your consent to end the service. If you have any questions, please call _____ at _____. We would be happy to talk with you about this.

Please sign this letter and return it to school. If we do not hear from you by _____, we will end the service.
(Date)

If this service is ended, there will be a review of the progress of your child within the next twelve months.

Sincerely,

 I agree with this plan.
 I do not agree with this plan.
 Please contact me.

(Parent's Signature)

(Date)

See back of yellow copy for Parental Rights

(433) White - parents sign & return Yellow - parents copy Pink - school copy

APPENDIX C

Date: 4/8/76

From:

1c

TRAINING ATTENDING AND LISTENING SKILLS

1. During group listening/teaching activities:

(a) Try to "catch" child attending (just looking at you or materials) at least once the first day. Praise child - "You're being a good listener" ... "I like the way (name) is paying attention." The next day, catch the child attending to you at least twice, then three or more times on successive days. Always verbally praise child.

(b) Cue the child to attend to you or the materials. If she/he is sitting near the front, you can direct attention with a touch on the hand. Use the child's name - "Tim, I think you'll like this story." ... "Amy, did you ever see such a big bear?" ... etc. Make a comment to the child to encourage interest without requiring a response from him/her. Gradually introduce simple questions (ones you are sure the child can respond to) - "What do you think will happen next?" Or use yes/no type questions, provide a choice of responses, etc. Always introduce the question for that child with his/her name to cue attention. Praise responses liberally. Encourage the child to sit near you or near the materials to be used.

(c) Use eye contact. Frequently look at the child while talking or reading, and try to catch him/her looking back.

2. During free periods, independent work, play, etc.:

(a) Follow the group listening period by taking a moment to ask the child about the previous activity. "Did you like that story?" ... "Did you like the way it ended?" ... "Would you like to have a dog like Harry?" ... etc. (Something simple but requiring some recollection of the previous activity.)

(b) If child is working on a worksheet or other academic task, you might ask him to tell you what he is going to do - color, cut out, copy, etc., so that she/he becomes more conscious of directions and importance of recalling them. Praise efforts to recall directions or story content. Praise attention to tasks - "I like the way you're working on your letters."

APPENDIX D

CHILD STUDY AND SERVICE DELIVERYCASE FILE

STUDENT NAME _____

	School Year					
	19__ 19__	19__ 19__	19__ 19__	19__ 19__	19__ 19__	19__ 19__
School						
Grade						
Teacher						
Case Manager						
Special Services* and Specialist						
Special Services* and Specialist						
Special Services* and Specialist						
Special Services* and Specialist						
Special Services* and Specialist						

*Should only include special placements (full or part time)

Medical Information (for clinical speech use only)

Date	Results	Comments
------	---------	----------

Hearing Tests:

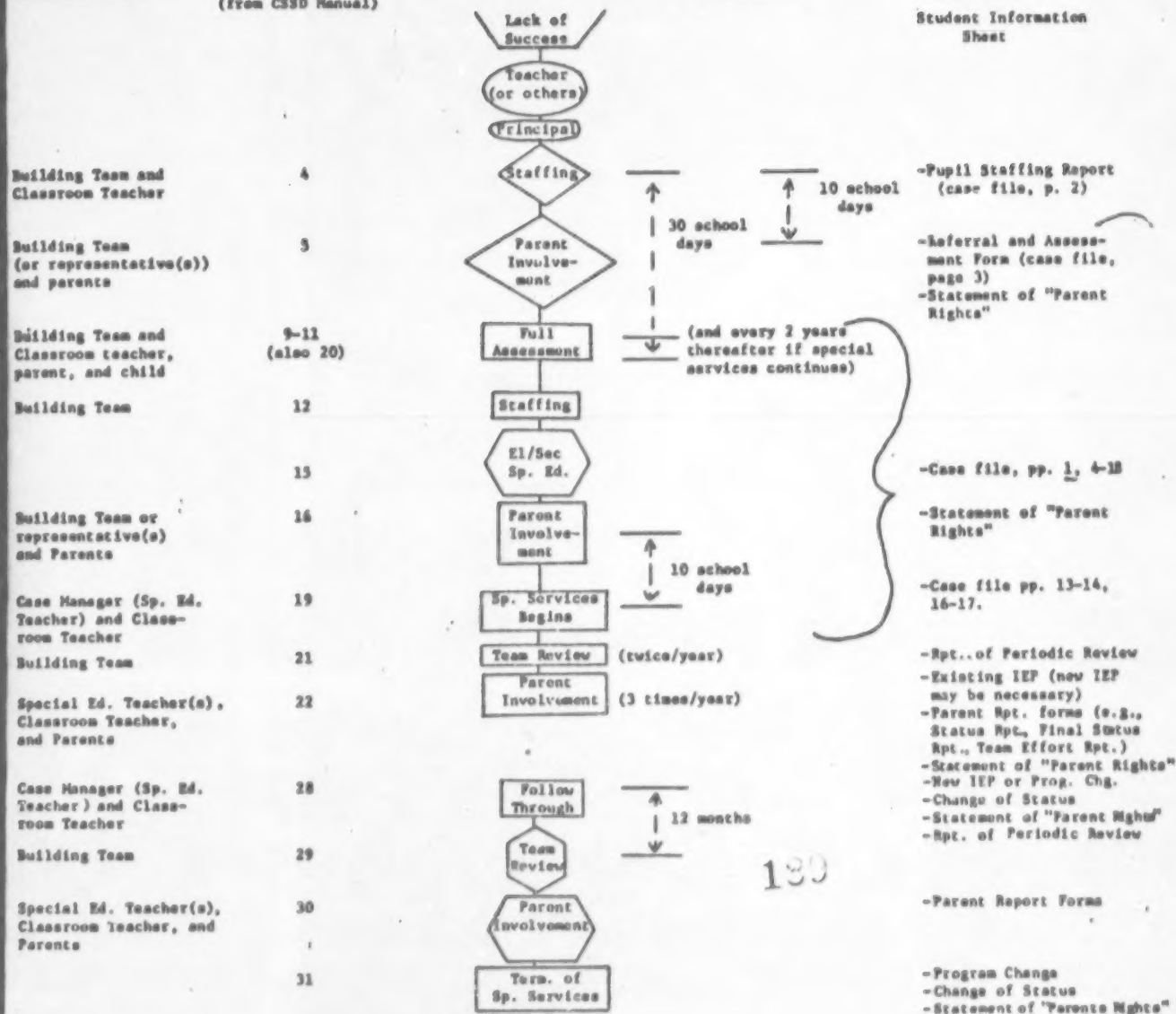
Other significant medical history:

PEOPLE INVOLVED

STEP NUMBER
(from CSSD Manual)

TIME REQUIRED

REQUIRED FORMS



Step
15

SPECIAL EDUCATION CASE REVIEW SHEET

Date _____

Student Name _____
Home _____ Present _____
School _____ School _____

Present grade or placement _____

Case manager _____

Reason for referral _____

Comments _____

Subsequent discussions w/referring team

Decision:

Date _____ Signed _____

(1 copy - file in case file)

Steps
5
16

PARENT RIGHTS OF STUDENTS WHO MAY BE HANDICAPPED

It is very important that you be aware of and understand that you have the following rights:

1. To review and receive copies of all records and other written information which the school has in the student file. You may request a private conference with a knowledgeable school employee if you wish to receive interpretations of the assessment procedures, results, or program plan.
2. To provide information regarding your child's needs, and if special education service is indicated, to be a member of the team which will develop your child's special education program plan. This team conference will be held after the educational assessment and you will be contacted to determine a mutually agreeable time and place.
3. To request that the district consider including on the team additional staff, or another person on the team who is a member of the same minority or cultural background as your child, or who is knowledgeable concerning the racial, cultural, or handicapping differences of your child.
4. To have an assessment conducted for your child by another person or agency other than the public school. It will be your responsibility to arrange for and pay the cost of this assessment.
5. To object to the district's plan to (assess your child) or (plan for your child), it is necessary that this objection be made in writing within 10 school days after you receive this notice. Your objection should be mailed or otherwise delivered to the school district. If you do object a conciliation conference will be arranged at a mutually agreeable time and place in an effort to resolve all problems.
6. To an informal due process hearing, if following the final conciliation conference, you still object to the district's plan to assess your child. At both the conciliation conference and the hearing you have the right to be represented by counsel or another person of your choosing.

Your child's present educational program will not be changed as long as you object to the assessment and/or plan in the manner prescribed in number 5.

Elementary and Secondary

NAS Score _____
as of _____

REFERRAL AND APPLICATION FOR SPECIAL EDUCATION LEARNING SERVICES

For: SLBP, Hearing Impaired, ESL, GLD, SAVER, and Clinical Speech and Language*, Vision, Physically Impaired	Not for: Home and Hospital, Unwed Parents
--	---

Introduction and Directions:

1. This 20-page referral and application form covers Steps 1-16 of the Special Education Child Study and Service Delivery System.
2. It takes the case from team intent to refer (Step 4) to the points of program design, parent approval, and child about to receive special services.
3. All steps refer to activity and flow charts found in Child Study and Service Delivery Manual. This manual should be carefully studied for (1) detailed unfolding of Special Education Child Study and Service Delivery System, (2) knowledge of necessary forms in the System, and (3) additional information to assist in making the system work.
4. Work down this cover page (which you are now reading), responding to each Roman numeral (in order) as you also refer to the activity and flow charts in the manual.
5. Special circumstances are bound to arise. A page titled "Special Circumstances" (found as a last page in the flow chart section of the manual) may be a useful reference when in doubt. If this fails, call Elementary Special Education (Ext. 306) or Secondary Special Education (Ext. 331). Every effort will be made to assist you.

I. Identifying Information

Student No. _____ Date _____

Child's Name _____ Sex _____ Birthdate _____
 Address _____ Home Phone _____ Work Phone _____
 Grade _____ School _____ Home Room No. _____ Tchr./Coun. _____
 Foster Child? _____ Ward of State? _____ District of Legal Residence _____
 Natural Father's Name _____ Natural Mother's Name _____
 Foster Father's Name _____ Foster Mother's Name _____
 Who is legal guardian? _____ Legal guardian address _____

II. Referred by (who first noted problem?) _____III. Referral Statement (be specific): What seems to be the child's need(s) for special education service? _____IV. Identification, Initial Team Staffing, and Informal Assessment -- It is assumed that these steps (Steps 1-3) have been accomplished before considering this referral (see Manual charts).V. Team Staffing (Step 4) -- Decision to pursue referral (page 2 of this referral form)VI. Parent Involvement (Step 5) -- Permission for further referral and assessment (see page 3 of this referral form)VII. Team Assessment (Steps 6-11) -- Appropriate observations, assessments, and statements by child study team. Reported on pages 4-12 of this referral form. Compiled by case manager.
 _____ Classroom Tchr./Couns. _____ Social Worker _____ Student (as appropriate)
 _____ Principal _____ Medical (nurse) _____ Specialist (ed. anal.)
 _____ Psychologist _____ Parent (as appropriate) _____ Other Team MemberVIII. Team Staffing (Step 12) -- Activities appropriate at this step include:

1. Assessment review and needs determination (page 13 of this referral form)
2. Level and type of service need (page 14 of this referral form)
3. Least restrictive alternative statement (page 13 of this referral form)
4. Interim plan -- if called for (page 15 of this referral form)
5. Individual Educational Plan preparation (pages 16-19 of this referral form)

Three additional procedures round out the complete Special Education Child Study and Service Delivery System: (1) Program Placement and Service (Steps 17-19), (2) Evaluation and Program Change (Steps 20-27), and (3) Follow-Through (Steps 28-31). The manual charts should be studied and followed closely to effect each of the steps involved (begin with Step 17).

*If student only appears to need Clinical Speech Service for an articulation problem, just the cover sheet and pages 13 and 14 of this application need be completed. All other speech and language problems require the completion of all pages of this application.

Page 1

6d

Steps
2
4

PUPIL STAFFING REPORT

Date _____

Student Name _____ Student No. _____

Home School _____ Present School or Setting _____

Present grade or placement _____ Reg. Classroom Tchr./Couns. _____

Case Manager _____ School Phone _____

Purpose of Staffing _____

In Attendance:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Directions: Briefly summarize meeting deliberations. Include (1) Gist of discussion and (2) Decisions (including tasks assigned for the future and those responsible for tasks).

Disposition: (3 copies)
Copy 1 - Special Case file
Copy 2 - Student's cum file
Copy 3 - "Team" file

Steps
5
20

PARENT INVOLVEMENT

Referral and Assessment

The reasons for referral of my child, _____, have been explained to me. Recommended assessment activities have also been explained. I understand that upon completion of these assessment activities I will have an opportunity to review the results and participate in further planning.

Reason for Referral

Recommended Assessment Activities

Assessment Results: How used?

Assessor Name(s), Approximate Date(s), and Probable Locations

Please check one:

☐ I approve of this referral and give my permission for these assessment activities.
☐ I do not approve of this referral and do not give my permission for these assessment activities.

☐ Disapproval and difference of opinion (of this referral and these assessment activities).
 It is requested that a conciliation conference be held within 10 school days of this date with respect to this case.

Difference of Opinion:

Signed _____	Date _____
Parent or Guardian	_____
_____	Date _____
Classroom Teacher/Counselor	_____
_____	Date _____
School Administrator	_____
_____	Date _____
Specialist	_____

Disposition: (3 copies)
 Copy 1 -- Case file
 Copy 2 -- Parents
 Copy 3 -- "Team" file

Steps
11
20

Elementary

Name of Student _____

Description and Interpretation
(follow outline)

A. Classroom Teacher

- | | |
|--|---------------------------------------|
| <ol style="list-style-type: none"> 1. Mental and Physical Status 2. Emotional-Social Status 3. Environmental Status (Home and Family) 4. Educational Status Emphasizing Reading <ol style="list-style-type: none"> a. Word analysis strengths and weaknesses b. Comprehension strengths and weaknesses c. Levels of achievement d. Attitudes (towards reading) e. Fluency, phrasing, speed, reading habits f. Skill knowledge vs. its application 5. Other education status (strengths and weaknesses in other academic areas including arithmetic, spelling, handwriting, language, science, and social studies). 6. A Summary and Interpretation (Sum up the above information. You may then wish to conclude with your own views as to needed treatment, causes, etc.) | <p>Signed _____</p> <p>Date _____</p> |
|--|---------------------------------------|

Note: We cannot deal with a child's needs without a broad look at the child and the context within which he/she exists. We therefore ask each important person in this child's school life to give us descriptive information that will enable us to truly understand and have a feeling for him/her. The areas (above) are those to which you need to respond. Be complete and brief and follow the outline. If you have nothing to contribute for an item, number it and leave it blank. Attach reports, papers, etc., that may be of use in making decisions relative to this child.

Steps
11
10

Elementary

Name of Student _____

Description and Interpretation
(follow outline)

B. Principal

1. Mental and Physical Status
2. Emotional-Social Status
3. Environmental Status (Home and Family)
4. Educational Status Emphasizing Reading
 - a. Word analysis strengths and weaknesses
 - b. Comprehension strengths and weaknesses
 - c. Levels of achievement
 - d. Attitudes (towards reading)
 - e. Fluency, phrasing, speed, reading habits
 - f. Skill knowledge and its application
5. Other educational status (strengths and weaknesses in other academic areas including arithmetic, spelling, handwriting, language, science, and social studies)
6. A Summary and Interpretation (Sum up the above information. You may then wish to conclude with your own views as to needed treatment, causes, etc.)

Signed _____

Date _____

Note: We cannot deal with a child's needs without a broad look at the child and the context within which he/she exists. We therefore ask each important person in this child's school life to give us descriptive information that will enable us to truly understand and have a feeling for him/her. The areas (above) are those to which you need to respond. Be complete and brief and follow the outline. If you have nothing to contribute for an item, number it and leave it blank. Attach reports, papers, etc., that may be of use in making decisions relative to this child.

Steps
11
20

Elementary

Name of Student _____

Description and Interpretation
(follow outline)

- C. Psychologist (It is assumed that a full psychological evaluation of this child will be done in the near future -- if not already completed -- and a copy of the report forwarded to Learning Services. In the meantime, a brief reaction to each of the items in the outline below is essential with particular emphasis on specific educationally relevant factors in the child's functioning.)

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Mental and Physical Status 2. Emotional-Social Status 3. Environmental Status (Home and Family) 4. Educational Status Emphasizing Reading <ol style="list-style-type: none"> a. Word analysis strengths and weaknesses b. Comprehension strengths and weaknesses c. Levels of achievement d. Attitudes (towards reading) e. Fluency, phrasing, speed, reading habits f. Skill knowledge vs. its application 5. Other educational status (strengths and weaknesses in other academic areas including arithmetic, spelling, handwriting, language, science, and social studies) 6. A Summary and Interpretation (Sum up the above information. You may then wish to conclude with your own views as to needed treatment, causes, etc.) | <p>Signed _____</p> <p>Dated _____</p> |
|---|--|

Note: We cannot deal with a child's needs without a broad look at the child and the context within which he/she exists. We therefore ask each important person in this child's school life to give us descriptive information that will enable us to truly understand and have a feeling for him/her. The areas (above) are those to which you need to respond. Be complete and brief and follow the outline. If you have nothing to contribute for an item, number it and leave it blank. Attach reports, papers, etc., that may be of use in making decisions relative to this child.

Steps
11
20

Elementary

Name of Student _____

Description and Interpretation
(follow outline)

- D. Social Worker (It is assumed that a full social worker evaluation of this child and his or her home situation will be done in the near future -- if not already completed -- and a copy of the report forwarded to Learning Services. In the meantime, a brief reaction to each of the items in the outline below is essential, with particular emphasis on specific educationally relevant factors in the child's functioning.)

- | | |
|---|---------------------------------------|
| <ol style="list-style-type: none"> 1. Mental and Physical Status 2. Emotional-Social Status 3. Environmental Status (Home and Family) 4. Educational Status Emphasizing Reading <ol style="list-style-type: none"> a. Word analysis strengths and weaknesses b. Comprehension strengths and weaknesses c. Levels of achievement d. Attitudes (towards reading) e. Fluency, phrasing, speed, reading habits f. Skill knowledge vs. its application 5. Other educational status (strengths and weaknesses in other academic areas including arithmetic, spelling, handwriting, language, science, and social studies) 6. A Summary and Interpretation (Sum up the above information. You may then wish to conclude with your own views as to needed treatment, causes, etc.) | <p>Signed _____</p> <p>Date _____</p> |
|---|---------------------------------------|

Note: We cannot deal with a child's needs without a broad look at the child and the context within which he/she exists. We therefore ask each important person in this child's school life to give us descriptive information that will enable us to truly understand and have a feeling for him or her. The areas (above) are those to which you need to respond. Be complete and brief and follow the outline. If you have nothing to contribute for an item, number it and leave it blank. Attach reports, papers, etc., that may be of use in making decisions relative to this child.

12d

Steps
11
20

Elementary

Name of Student _____

Description and Interpretation
(Follow outline)

2. Nurse (Please include results of vision and hearing screening and most recent physical examination(s) including dates as well as other significant information about health, physical, and nutritional status.)

1. Mental and Physical Status
 2. Emotional-Social Status
 3. Environmental Status (Home and Family)
 4. Educational Status Emphasizing Reading
 - a. Word analysis strengths and weaknesses
 - b. Comprehension strengths and weaknesses
 - c. Levels of achievement
 - d. Attitudes (towards reading)
 - e. Fluency, phrasing, speed, reading habits
 - f. Skill knowledge vs. its application
 5. Other educational status (strengths and weaknesses in other academic areas including arithmetic, spelling, handwriting, language, science, and social studies).
 6. A Summary and Interpretation (Sum up the above information. You may then wish to conclude with your own views as to needed treatment, causes, etc.)
- Signed _____

Date _____

Note: We cannot deal with a child's needs without a broad look at the child and the context within which he/she exists. We therefore ask each important person in this child's school life to give us descriptive information that will enable us to truly understand and have a feeling for him or her. The areas (above) are those to which you need to respond. Be complete and brief and follow the outline. If you have nothing to contribute for an item, number it and leave it blank. Attach reports, papers, etc., that may be of use in making decisions relative to this child.

Page 8

Steps
11
20

Elementary

Name of Student _____

Description and Interpretation
(follow outline)

- F. Other "Team Member(s) (appropriate to this case)
(e.g., Instructional Assistant, Speech Clinician, etc.)

- | | |
|---|---------------------------------------|
| <ol style="list-style-type: none"> 1. Mental and Physical Status 2. Emotional-Social Status 3. Environmental Status (Home and Family) 4. Educational Status Emphasizing Reading <ol style="list-style-type: none"> a. Word analysis strengths and weaknesses b. Comprehension strengths and weaknesses c. Levels of achievement d. Attitudes (towards reading) e. Fluency, phrasing, speed, reading habits f. Skill knowledge vs. its application 5. Other educational status (strengths and weaknesses in other academic areas including arithmetic, spelling, handwriting, language, science, and social studies) 6. A Summary and Interpretation (Sum up the above information. You may then wish to conclude with your own views as to needed treatment, causes, etc.) | <p>Signed _____</p> <p>Date _____</p> |
|---|---------------------------------------|

Note: We cannot deal with a child's needs without a broad look at the child and the context within which he/she exists. We therefore ask each important person in this child's school life to give us descriptive information that will enable us to truly understand and have a feeling for him/her. The areas (above) are those to which you need to respond. Be complete and brief and follow the outline. If you have nothing to contribute for an item, number it and leave it blank. Attach reports, papers, etc., that may be of use in making decisions relative to this child.

14d

Steps
11
20

Elementary

Description and Interpretacion
(follow outline)

G. Parent

Please write any comments about your child's personality, attitudes, behavior, and achievement which you believe would be helpful in our team analysis.

Signed _____

Date _____

Steps
11
20

Elementary

Description and Interpretation

H. Student

Please describe yourself and your needs in your own words. Include special help you think others could give you.

Signed _____

Date _____

16d

Steps
11
20

Elementary

I. Educational Analysis

- Attach all educational analysis materials to this page. Report of Educational Analysis will be typed from draft at time of review of Special Education (Step 15) and one copy inserted with this page at that time.
- An additional statement (on this page) may also be appropriate (but not necessary).

Steps
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ASSESSMENT REVIEW AND NEEDS DETERMINATION

(Upon completion, must be attached to page 14 and both pages of IEP.)

Student Name _____ School _____ Grade _____

Date _____

TEAM MEMBERS participating in Assessment Review, Needs Determination, Level and Type of Service Need, and Least Restrictive Alternative Statement (all parts of Step 12)

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSESSMENT REVIEW AND NEEDS DETERMINATION (Statements in this section should be a complete, concise summary of observations and formal assessments and statements made by child study team.)

1. Summary of Strengths (Describe strengths and areas which permit the student to be integrated successfully with regular students. Speech clinicians comment on speech and language strengths.)

2. Special Needs of Student (In particular, describe those needs of the student that cannot be met in the regular school program and require special education services.)

STATEMENT RE LEARNING DISABILITY (Complete only for LD cases.) This student has a specific learning disability based on classroom (or other appropriate) observation and on evaluation (a report of which is found in the case file). Student does not achieve at age or ability levels and presents a severe discrepancy between ability and achievement in one or more of seven basic areas. Such disability is not primarily the result of a visual, hearing, or motor handicap; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage.

Certified by each team member (signatures necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Team members not signing must submit a separate report justifying their conclusions.)

APPLICATION APPROPRIATENESS

_____ This application for Special Education Services continues to be appropriate. If this is checked, continue with pages 14 and 15 and with IEP.

_____ It now appears that this application for Special Education Services is inappropriate.

Assessment Review and Needs Determination do not substantiate further referral and application for special education services (Note: Parent Involvement -- Step 16 -- must still take place)

If this is checked, no need to complete next two pages (pages 14 and 15). IEP must still be initiated, however (only Parts I, II, III, and V of IEP are completed, in this case).

Disposition: (3 copies)

Copy 1 -- Case file

Copy 2 -- Parents (with IEP)

Copy 3 -- "Team" file

Page 13

19d

Steps

12

Student Name _____

Date _____

21

School _____

Grade _____

**LEVEL AND TYPE OF SERVICE NEED
AND LEAST RESTRICTIVE ALTERNATIVE STATEMENT**

(Upon completion, must be attached to page 13 and both pages of IEP.)

LEVEL AND TYPE OF SERVICE(S) NEED

	CLD-Elementary Class	Resource	CLD-Secondary Class	Resource	SLBP-Elementary	Resource I	Resource II	Resource III	CLD-Secondary	Resource	FR-YTH	SAVER-Secondary	II Tutoring	PSI Tutoring	Vision	Phy. Handicapped	Clinical Speech	Other
1. Students in regular classrooms functioning appropriately without direct special education services. This level includes assessment services, monitoring, observation, and follow-through.																		
2. Students in the regular education program with the assistance of special education supportive services being provided to the classroom teacher.																		
3. Students in a primary placement in a regular education program, but needing direct service assistance from special education personnel.																		
4. Students with primary placement in an intensive special education program in a neighborhood school with integration into regular education program when appropriate.																		
5. Students in a nonresidential school for children and youth who are handicapped.																		
6. Students at a residential facility for children and youth who are handicapped.																		

Other special procedures, consultation, assistance, therapy, etc. previously, currently, or contemplated relative to this student and his/her problems (aside from District 281 Special Education Services -- outside agencies)

LEAST RESTRICTIVE ALTERNATIVE STATEMENT (Please give reasons why an equally appropriate program could not be provided to meet the student's educational needs in a less restrictive environment.)

Disposition: (3 copies) Copy 1 -- Case file, Copy 2 -- Parents (with IEP)
Copy 3 -- "Team" File

Page 14

Steps
12
16
21
22

INDIVIDUAL EDUCATION PROGRAM PLAN

(Upon completion, must be attached to pages 13, 14, and 17.)

I. Identifying Information

Date _____

STUDENT NAME _____

GRADE _____

II. IEP Staffing Members

Name

Title

Name

Title

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Special Education Services to be Provided

1. Application not being made at this time (if this checked, skip to Part V)
2. Type of Service Reg. Date Level of Service - Daily No. Necessary Changes in Personnel,
of Service Hrs. Anticipated Transp., Facilities (also
duration of Service(see p. 14) state if other than home school)

3. Statement Re Physical Education

Regular phy. ed. _____ Adaptive phy. ed. _____ No phy. ed. required
(If student's primary placement will be in a special education program for more than
50 percent of the time, please complete page 18.)

IV. Periodic Reviews and Reassessments: Tentative dates Team Rev. Parent Inv. Reassess. for the next periodic reviews of this case are _____ (Authorized person may call for earlier review.)

V. Approval and Verification

1. Who clearly communicated this IEP information to parents?

Name _____ Title _____ Date _____

2. Approval or Disapproval School _____ School phone _____

Please check one:

- ☐ Approval of this Individual Education Program Plan
☐ Disapproval of this Individual Education Program Plan
☐ Agreement as to the inappropriateness of need for Special Education Services
☐ Disapproval or Disagreement and Difference of Opinion for this Individual Education
 Program Plan or inappropriateness of need for Special Education Services.
 Difference of Opinion: _____

Signed _____ Date _____

Parent or Guardian

Date _____

Classroom Teacher/Counselor

Date _____

School Administrator

Date _____

Specialist

Date _____

Student (when appropriate)

Disposition: (3 copies) 1 -- Case file; 2 -- Parents (w/ pp. 13 and 14); 3 -- "Team" file

IEP (continued)
(Upon completion, must be attached to pages 13, 14, and 16.)

Steps
12 21
16 22

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VI. Long-range Goals (number and list)

VII. Number of Long-range Goals (from above)	Short-term Objective(s), Criteria for Attain., and Expected Duration	Activities	Person(s) Responsible	Review/Adjustments/ Outcome (date and initial each entry)
---	--	------------	--------------------------	---

Steps

12	21
16	22

VIII. Complete this section only when the student's primary placement will be in a special education program as defined in levels:

4. Students with primary placement in an intensive special education program in a neighborhood school with integration into regular education programs when appropriate.
5. Students in a nonresidential school for children and youth who are handicapped.
6. Students at a residential facility for children and youth who are handicapped.

Describe the educational activities and involvement this student will have in the regular mainstream education program. (After completing this section, go back to page 16 and complete the remainder of that page.)

PARENT INVOLVEMENT

Program Change

The recommended program change for my child _____
has been explained to me. I understand the reasons for this change.

Change:

Reasons for change:

____ I approve of this change.
____ I do not approve of this change
____ Disapproval and Difference of Opinion (with respect to this change)

Difference of Opinion:

Signed _____	Date _____
Parent or Guardian	
_____	Date _____
Classroom Teacher/Counselor	
_____	Date _____
School Administrator	
_____	Date _____
Specialist	

Disposition: (3 copies) Copy 1 -- Case file Copy 2 -- Parents Copy 3 -- "Team" file

Steps
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REPORT OF PERIODIC REVIEW

Date _____

STUDENT NAME _____ SCHOOL _____ GRADE _____

In attendance:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of last review/placement _____

____ Most recent IEP continues to be appropriate. Comment on progress toward goals and objectives.

____ Most recent IEP does not continue to be appropriate (a new IEP must be prepared)
Comment:

Next Periodic Review scheduled for _____
(date)

NOTE TO PARENT AND/OR RESIDENT SCHOOL DISTRICT: If you wish to schedule a conference to discuss this review report please contact the school official whose signature appears below to make the necessary arrangements.

Name of school employee _____ Signature _____

Title _____ Address and phone number _____

Disposition: (3 copies)
Copy 1 -- Case file
Copy 2 -- Parents
Copy 3 -- "Team" file

REQUEST FOR PARENT IEP APPROVAL
(To be used only when parents unable to meet with school officials.)

RE: _____ Date _____
Student

Dear Parent:

Attached to this letter is a copy of an Individual Educational Plan (IEP) for the student named above.

Since we are unable to meet with you personally, we ask you to examine the plan, indicate your approval or disapproval, and return to us by _____. If we do not hear from you by this date, we will proceed with the plan and program.

If you have any questions, please contact me.

Name of school employee

Signature

Title

Address and phone number

Disposition: (2 copies)
Copy 1 -- Case file
Copy 2 -- Parents

PUBLICATIONS

Institute for Research on Learning Disabilities
University of Minnesota

The Institute is not funded for the distribution of its publications. Publications may be obtained for \$3.00 per document, a fee designed to cover printing and postage costs. Only checks and money orders payable to the University of Minnesota can be accepted. All orders must be prepaid.

Requests should be directed to: Editor, IRLD, 350 Elliott Hall;
75 East River Road, University of Minnesota, Minneapolis, MN 55455.

Ysseldyke, J. E. Assessing the learning disabled youngster: The state of the art (Research Report No. 1). November, 1977.

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Note: Monographs No. 1 - 6 and Research Report No. 2 are not available for distribution. These documents were part of the Institute's 1979-1980 continuation proposal, and/or are out of print.

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